



Aalborg Universitet

AALBORG UNIVERSITY
DENMARK

Music Therapy's Effects on Mexican Migrant Farmworkers' Levels of Depression, Anxiety and Social Isolation: A Mixed Methods Randomized Control Trial Utilizing Participatory Action Research

Swantes, Melody

Publication date:
2011

Document Version
Early version, also known as pre-print

[Link to publication from Aalborg University](#)

Citation for published version (APA):
Swantes, M. (2011). *Music Therapy's Effects on Mexican Migrant Farmworkers' Levels of Depression, Anxiety and Social Isolation: A Mixed Methods Randomized Control Trial Utilizing Participatory Action Research.*

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal -

Take down policy

If you believe that this document breaches copyright please contact us at vbn@aub.aau.dk providing details, and we will remove access to the work immediately and investigate your claim.

Melody Schwantes

Music Therapy's Effects on Mexican Migrant Farmworkers' Levels of Depression, Anxiety, and Social Isolation: A Mixed Methods Randomized Control Trial Utilizing Participatory Action Research

Thesis submitted for the degree of
Doctor of Philosophy

August 2011

Supervisors: Prof. Tony Wigram, Prof. Cathy McKinney, and Assoc. Prof. Niels Hannibal

Doctoral School of the Humanities
Aalborg University
Denmark

Abstract

In the United States, the agricultural industry is dependent on men and women from Mexico who migrate throughout the country to participate in the care and harvest of crops. They often migrate independently of their families and leave loved ones behind. Separation from families and difficult working conditions create high frequencies of mental health issues. When available, the farmworkers seek out treatment for the somatic symptoms such as high heart rate, upset stomachs, and difficult breathing often associated with depression and anxiety. Mental health counselors and facilities often are not able to meet the needs in culturally sensitive ways presented by this population.

The purpose of this study was to examine the effects of music therapy on Mexican farmworkers' levels of depression, anxiety, and social isolation. In addition, this study sought to examine how the migrant farmworkers used music-making sessions between music therapy sessions as a coping skill to further improve their overall mental health. Finally, this study sought to examine how migrant farmworkers engaged in the research process and how they valued their relationship with the researcher.

This study utilized a mixed methods approach incorporating a randomized control trial with repeated measures and participatory action research. A total of 125 farmworkers participated in this study over the course of two distinct phases. Farmworkers in Phase I were randomly assigned to music therapy, English as a second language classes, and a stress education (control) group. Farmworkers in Phase II were randomly assigned to music therapy or a comparison stress education group. Farmworkers in the music therapy condition participated in 6-10 music therapy sessions during which time they learned how to play an instrument, engaged in song writing and lyric analysis, and group music-making.

Results indicated that participants in the music therapy condition across both phases

did not significantly improve their depression, anxiety, and social isolation scores compared to the control/comparison group. The farmworkers who did participate in group music-making between sessions did improve their scores more so than participants who did not engage in weekly group music-making. The farmworkers identified helpful and impeding aspects of the research through focus group interviews. They also identified components of their relationship to the music therapist/researcher that were helpful in establishing and developing a relationship with her.

Acknowledgements

There are many people that I would like to thank who have given me their support over the course of my studies and through this research. These individuals have challenged me and encouraged me each in their own individual ways.

I would first of all like to thank Professor Cathy McKinney for the music therapy training that she has given me. She has been a great mentor, a challenger, and supporter for many years. Her supervision and guidance throughout this project enabled it to come to fruition.

This project would not be possible without the support of Professor Tony Wigram. He believed in me and my work and gave me the opportunity to be a PhD researcher at Aalborg. He will be greatly missed, but his legacy will live on through all of the students he supervised.

My third supervisor, Associate Professor Niels Hannibal, seamlessly stepped in when he was needed. I would like to thank him for challenging me and my work in new ways. Niels was also very gracious to translate my English summary into Danish.

I will forever be amazed by all of the intellect of the teachers and guest teachers at Aalborg University. Thank you specifically to Professor Lars Ole Bonde, Professor Inge Nygard Pedersen, Associate Professor Hanne Mette Ridder, Associate Professor Niels Hannibal, and Associate Professor Ulla Holck and to the guest teachers Professor Denise Grocke and Professor Christian Gold. Thank you all for sharing your wisdom with me. All of the current and past PhD students at Aalborg were a tremendous support during each of my visits to the university. They too challenged my ideas and supported my process.

I would also like to acknowledge Allison Lipscomb, MPH, Director of the Appalachian Regional Healthcare System Farmworker Health Program, for believing in music therapy and

for allowing me access to all of the farmworkers in her caseload. She was a tremendous soundboard throughout this process. Additionally, I would like to thank Chelly Richards, MS, my other colleague at the APPRHS Farmworker Health Program who provided additional feedback and ideas as well as long runs and many laughs to keep me healthy.

Without all of the amazing research assistants I worked with, this project would not have been feasible. Charles Webster, Allison Rayburn, Leah Weatherman, Laura Tabor, and Andrew Gray were all great helpers, and kept me rational and well-caffinated.

In addition, I would like to thank all of the farmworkers I worked with throughout all phases of the research. I am grateful to their openness to music therapy and for the feedback they provided throughout the research.

I would also like to thank my colleague, at Appalachian State University, Christine Leist, MA, MT-BC, for her support and advice throughout this study and for the graduate assistants who filled in for me while I was in Aalborg including: Deb Dempsey, MT-BC; Carole Deans, MT-BC; Katurah Leonard, MT-BC; and Allison Rayburn, MT-BC. I would also like to thank the numerous students I have had over the past three years that have been patient with my absences.

My parents raised me to set goals for myself and work hard to achieve them. Their encouragement and care throughout my life has sustained me in so many ways. I would also like to thank them for showing patience with me during this process. Finally, I would like to thank Tim and Anna for being the best friends and family I could ever ask for.

Table of Contents

Title Page	1
Abstract	2
Acknowledgements	4
Table of Contents	6
List of Tables	14
List of Figures	16
Chapter 1: Introduction	17
Music in the Mexican Migrant Context	20
Relevance of this study to the Field of Music Therapy	21
Culture-Centered Music Therapy	23
Protocol of this Study	23
Resource Manual	25
Unique and Therapeutic Principles	25
Essential, but not Unique Therapeutic Principles	29
Acceptable but not Necessary Therapeutic Principles	30
Not Acceptable- Proscribed Therapeutic Principles	31
Personal Motivation	33
Chapter 2: Literature Review	35
Migrant Farmworkers	35
Mental Health Issues	37
Findings from Quantitative Research	37
Susto and Nervios	42
Findings from Qualitative Research	44
Findings from Mixed Methods Research	47
Mental Health Summary	47
Social Isolation/Social Support	48
Migrant Farmworkers and Substance Abuse	50
Ethics of Working with Migrant Farmworkers	55
Mental Health Approaches with Latino Clients	56
Role of Music in Mexican Culture	61
Music and Migrant Identity	65
Music Therapy	67
Depression	67
Anxiety	69
Anxiety and Depression	71
Cross Cultural Music Therapy	71
Culture-Centered Music Therapy	77
Community Music Therapy	82
Community Music Therapy's Influence on This Study	85
Chapter 3: Research Paradigm	86
Participatory Action Research	86
Background	86
Community-based PAR	88

PAR in Music Therapy	90
PAR with Migrant Farmworkers	91
Challenges of PAR	92
Conclusion	97
Mixed Methods	97
Background	98
Basic types of Mixed Methods Designs.	98
Fixed or Flexible Designs	99
Philosophy of Mixed Methods	100
Need for Further Clarification	101
An Additional Perspective	101
Concurrent Transformative Design	102
Sequential Transformative Design	103
Situating the Current Study in Mixed Methods Design	103
Using a Sequential Transformative Approach	104
Quantitative Focus	105
Qualitative Aspects	106
Researcher Bias	107
Reconciling the Differences Between	107
Qualitative and Quantitative Research	
Combining an RCT with a Transformative Perspective	109
Researcher's Role	112
Researcher Bias	115
Conclusion	115
Chapter 4: Introduction to this Study	117
Introduction and Explanation of the Study	117
Research Questions	117
Question One	117
Question Two	118
Question Three	118
Notes on Language Used Within the Study	118
Farmworker	118
Researcher/Music Therapist	118
Research Staff	119
Spanish Language Terms	119
Control or Comparison Condition	119
A Note on Ethics	119
Chapter 5: Phase I Method	120
Introduction to Phase I	120
Part A: Quantitative Method	120
Participants	120
Sampling and Recruitment	122
Camp Allocation	122
Measures	122
Center for Epidemiological Studies Depression Scale	122
Beck Anxiety Inventory	123

Social Isolation	124
Generalized Perceived Self-Efficacy Scale	124
Migrant Farmworker Stress Inventory	124
CAGE	124
Perceived Stress Scale	125
Procedure	125
Consent	125
Data Collection	126
Music Therapy Condition	126
English as a Second Language (ESL) Condition	127
Control Condition	128
Part B: Qualitative Method	129
Participants	129
Music Therapy Condition	129
Control Group Condition	129
Setting	130
Interviewers	130
Procedure	130
Camp Selection	130
Music Therapy	130
Control Group	130
ESL Group	131
Interview Guide and Research Decisions	131
Thematic Analysis	132
Member Checking	133
Conclusion	133
Chapter 6: Phase I Results	135
Quantitative Results	135
Comparisons Between Eastern and Western Camps	135
MFWSI	135
CES-D	135
GSE	135
Potential Predictor Variables of Migrant Farmworker	136
Stress, Depression, and Self-Efficacy	
Comparisons Between Conditions at Pretest	137
Based on Camp Location	
Eastern North Carolina	137
Western North Carolina	138
Posttest Comparisons	139
Eastern North Carolina Camp Results	140
Generalized Self-Efficacy	140
Center for Epidemiological Studies	140
Depression Scale	
Migrant Farmworker Stress Inventory	140
CAGE	140
Beck Anxiety Inventory	141

Perceived Stress Test	141
Social Isolation	141
Western North Carolina Camp Results	142
Qualitative Results	143
Music Therapy Group Results	143
Education and Learning	144
Challenges to Learning	144
Learning a New Skill	144
Foundation for Learning	145
Setting Individual Goals	145
Music	146
Previous use of Music	146
Current Feelings About Music	146
Meaningful Songs	148
Positive Mental Health	150
Confidence	150
Motivation	151
Coping Mechanisms	151
Music Therapy Sessions	152
Participatory Action Research	154
Relationships	154
Communication	154
Participation	155
Inclusive Ideas	157
Concluding Remarks	159
Control Group Results	159
Coping Mechanisms	160
Using music	160
Escaping	160
No solution	161
Participating in the Research	162
Categories from Both Interviews	163
Challenges of Research Participation	163
Ways of Working with Farmworkers	163
Chapter 7: Song Analysis	165
Introduction	165
Participants	165
Personnel	165
Music Therapy Sessions	166
Music and Lyric Analysis	167
Outcomes	169
Chapter 8: Reflections on Phase I	171
Points to Consider for the Next Phase of the Research	171
Revision of Research Questions	173
Question One	173
Question Two	174

Question Three	174
Chapter 9: Phase II Method	175
Part A: Quantitative Method	175
Camp Selection	175
Camp Allocation	176
Participants	177
Research Assistants	177
Measures	178
Center for Epidemiological Studies	178
Depression Scale	
Beck Anxiety Inventory	178
Social Isolation Scale	178
Orientation	178
Setting	178
Procedure	179
Consent	179
Pretest	179
Comparison Group	180
Experimental Group (Music Therapy)	182
Instrument Selection	183
Music Therapy Sessions	183
Establishing Rapport	183
Opening	184
Instrument Learning	184
Selection of Music	184
Singing and Group Music-Making	186
Songwriting	186
Lyric and Music Analysis	186
Improvisation	187
Music Assisted Relaxation	187
Individual and Group Music Making	188
Closing	188
Termination	188
Posttest	188
Follow-up	189
Data Analysis	190
Part B: Qualitative Method	190
Participants	190
Interviewer	190
Camp Selection	190
Setting	191
Procedure	191
Analysis	191
Member Checking	192
Chapter 10: Phase II Results	193
Part A: Quantitative Results	193

Control Variables	193
Pretest (baseline) Data	194
Correlations between Control Variables and Pretest Measures	194
Non-Parametric Comparisons	195
Center for Epidemiological Studies Depression Scale (CES-D)	196
Beck Anxiety Inventory (BAI)	198
Social Isolation Means and Standard Deviations	200
Effect Sizes	201
Correlations Between the Measurements at Pre, Post, and Follow-up	202
Pretest	202
Posttest	202
Follow-up	203
Part B: Qualitative Results	204
Relationships	204
A Changing Relationship to Music	204
Relationships with One Another	204
The Relationship with the Research Staff was Valued	205
Relationship with the Music Therapist	206
Participation in the Study	208
Communicating within the Study	208
Farmworkers Interest in the Results	209
Recommendations for Future Projects	211
Categories Across Both Phases of Research	213
Relationships	214
Participation in the Research	214
Conclusion	216
Chapter 11: Reflections on Phase II	217
Only Western Camps	217
Orientation Period	217
Removal of Measurements	217
Comparison Group	218
Focus Group Interview	218
Collaboration	218
Frequency of Music Making	219
Camps Returning to Mexico	219
Conclusion	219
Chapter 12: Discussion	220
Music Therapy's Effect on Depression	220
Music Therapy's Effect on Anxiety	222
Music Therapy's Effect on Social Isolation	224
Frequency of Music Making and Its Effect on Mental Health	224

Meaningful Music	226
Farmworkers Participation in the Study	230
Participatory Action Research	231
Evaluation of the Resource Manual	233
Collaborating with the Group	233
Concerning Methods of Working	
Acknowledging the Clients’	234
Musical and Cultural Identity.	
Being Emotionally Involved in Music	234
Fostering Positive Emotions	234
Utilizing Personalismo	235
Tuning into the Clients’ Musical Expressions	235
Recognizing the Client's Competence	235
Related to her/his Therapeutic Process	
Farmworkers’ Relationship to the Music Therapist	237
Limitations of the Study	238
Study Design	239
Measures	240
Interaction with the Comparison Group	242
Non-homogenous Sample	244
Intervention	247
Timing	249
Better Overall Mental Health	249
Gaps in the Data	251
Recommendations for Future Research	252
Recommendations for Clinical Practice	256
Working with Farmworkers	257
Working with Migrants	258
Interpreters	259
Conclusion	259
Chapter 13: Summaries	261
English Summary	261
Dansk Resume	273
References	285
Appendix A: Phase I Consent Forms	301
Appendix B: Phase I Questionnaire	307
Appendix C: Stress Education Handout (Spanish)	318
Appendix D: Phase I Music Therapy Focus Group Interview	320
Appendix E: Phase I Control Condition Focus Group Interview	353
Appendix F: Phase II Consent Forms	368
Appendix G: Phase II Questionnaire	372
Appendix H: Phase II Focus Group Interview	377
Appendix I: Relaxation Scripts (Spanish and English)	399
Appendix J: Phase II Clinical Notes	412

List of Tables

1. Pretest Means by Region	136
2. Potential Predictor Variables	137
3. Means and Standard Deviations for Pretest Dependent Variables for Groups in the Eastern North Carolina	138
4. Means and Standard Deviations for Pretest Dependent Variables for Groups in Western North Carolina	139
5. Means and Standard Deviations for Posttest Dependent Variables for Groups in Eastern North Carolina	142
6. Means and Standard Deviations for Posttest Dependent Variables for Groups in Western North Carolina	143
7. Means and Standard Deviations for Continuous Control Variables by Group	193
8. Frequencies for Visa and Marital Status by Group	194
9. Pretest Means and Standard Deviations of Dependent Variables by Group	194
10. Correlations Between Measures and Control Variables	195
11. Means and Standard Deviations for Dependent Variables	196
12. Mean Ranks and Kruskal-Wallis H-values for Depression Scores by Group	197
13. Friedman's Test for Center for Epidemiological Studies Depression Scale from Pretest to Follow-up by Condition	198
14. Beck Anxiety Inventory Mean Ranks	199
15. Social Isolation Mean Ranks	201
16. Pre-post and Pre-Follow-up Effect Sizes	202
17. Spearman Correlation Coefficients with Significance Levels for Pretest Dependent Variables	202
18. Spearman Correlation Coefficients with Significance Levels for Posttest Dependent Variables	203
19. Spearman Correlation Coefficients with Significance Levels for Follow-up Dependent Variables	203
20. Crossnore Barracks Pre and Posttest Means and	413

Standard Deviations for Dependent Measures	
21. Vance Street Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures	414
22. Yellow Truck Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures	417
23. VC Trailer Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures	419
24. VC House Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures	422
25. Brick House Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures	424

List of Figures

1.	Shell	104
2.	Corrido	167
3.	Phase II Flow Diagram	176
4.	Music Requested by Camps in the Comparison Condition	182
5.	Songs Requested by Camps in the Music Therapy Condition	186
6.	Mean Depression Scores at Pretest, Posttest, and Follow-up	197
7.	Kruskall-Wallis Mean Ranks for	198
	Center for Epidemiological Studies Depression Scale	
8.	Mean Anxiety Scores at Pretest, Posttest, and Follow-up	199
9.	Kruskall-Wallis Mean Ranks for Beck Anxiety Inventory	200
10.	Mean Social Isolation Scores at Pretest, Posttest, and Follow-up	200
11.	Kruskall-Wallis Mean Ranks for the Social Isolation Measure	201
12.	Spanish Language Stress Education Handout	318

Chapter 1: Introduction

Music therapy has been shown to alleviate symptoms associated with Alzheimer's disease, autism, intellectual disabilities, pain, and a host of other ailments. However, music therapy has been seldom used as a force for social change in a systematic way. This research, influenced by community music therapy and modeled after aspects of participatory action research will look at the effects of music therapy on Mexican migrant farmworkers' mental health issues through a mixed methods randomized control trial.

Mexican migrant farmworkers have been coming to the United States to work in agriculture since World War II (Mize, 2006). Over the past 70 years, many of these migrants have made the United States their home and have established roots within the communities where they live. However, some still migrate every year from Mexico to the United States to tend to and harvest crops. The farmworkers' situations have been documented by researchers, and documentary filmmakers, and have been fought through labor organizations and demonstrations. However, few advances have been made to ameliorate their economic, working, and living conditions.

Economic hardships, separation from families, and marginalization often lead to mental health issues such as depression, anxiety, high rates of alcohol and drug consumption, and may even lead to suicide and other more severe mental health problems (Alderate, Vega, Kolody, & Aguilar-Gaxiola, 1999; Hiott, Grzywacz, Arcury, & Quandt, 2006, Magaña & Hovey, 2002). While these mental health issues have been reported in the literature, research regarding effective mental health interventions with this population has been non-existent. Clinicians have reported best practices with the general Latino population (Andres-Hyman, Ortiz, Anez, Paris, & Davidson, 2006) and while this information is helpful when considering mental health interventions with Mexican migrant farmworkers, it is still incomplete.

Effective mental health services for Mexican migrant farmworkers have been recommended but not measured. The recommendations have been made on assumptions that have to do with some of the challenges researchers face. Timing is one of the biggest challenges. Providing interventions after work hours, rather than traditional day time clinic hours, allows the farmworkers greater access to services (Hovey & Magaña, 2002). In addition, sessions that are short-term (e.g., once weekly, over the period of 1 to 2 months) also were recommended. Farmworkers may view professionals as having valuable knowledge, so therefore, the potential power differential between therapist and client is not diminished, but rather may be used in a positive way. If the farmworkers feel they are obtaining a valuable service and information provided by a knowledgeable professional, they may be more apt to be involved. Therefore it has been recommended that services be educative in nature. Researchers also have recommended that interventions be group-based rather than individual (Magaña & Hovey, 2002). As the living environment of the migrant farmworker is almost a replacement of the communal living with extended family in Mexico, focusing on the whole group and each individual's role within the group is a more culture-centered way of practicing. In addition to these structural and organizational issues associated with providing mental health interventions to Mexican migrant farmworkers, interventions should rely on the strengths of the culture, as reported by Andres-Hyman et al., (2006) including: (a) *dignidad* and *respeto*-dignity and respect are highly valued, (b) *personalismo*-the importance of personal relationships, (c) *machismo*-the man's responsibility to care for his family, (d) *familismo*-the value of the whole family, (e) *dichos*-proverbs, and (f) *cuentos*-stories. These were noted to provide a more client-centered and in this case, culture-centered way of working.

Additional challenging research issues that may face the researcher when working

with this population are directly due to the farmworkers' current economic situations and marginalization (Cooper, Heitman, Fox, Quill, Knudson, Zahm et al., 2004). Migrant farmworkers are often invisible members of society and they may be difficult to locate within a community. Even when they are visible, they may be distrustful of outsiders, especially those in authority. When rapport has been established and a researcher is able to enter the community, the working hours that migrant farmworkers keep may prevent them from fully engaging in the research process, simply due to time constraints.

Researchers also face tremendous ethical considerations when working with this population. Consent to participate in a study is essential, but for those migrant farmworkers who may not have documentation to work, signing a consent form may seem threatening, even when confidentiality is strictly enforced. Researchers also have a place of privilege within society. Even with good intentions to help the community, a researcher may find that her solutions to problems are based on her experience with the world and not necessarily solutions that migrant farmworkers would create or identify. This can create a power differential and the participants may not report with an accurate assessment of the intervention. Many Latinos also report distrust and skepticism of mental health interventions and services (Andres-Hyman et al., 2006). Individuals who experience health concerns first seek out family members, spiritual leaders such as priests and pastors, or a *curandero* or traditional healer (Mines, Mullenax, & Saca, 2001). While researchers may want to work with this population, there could be potential language barriers, especially if the researcher is not familiar with Spanish, or if the migrant farmworkers speak Spanish as a second language to their primary indigenous language. Mental health interventions within a research setting also are difficult to administer. In a naturalistic setting, the therapist would potentially guide sessions according to specific client resources and needs. However, controlled research often

demands specific protocols that may not allow for therapist and client flexibility. Therefore researchers must consider the following potential roadblocks before beginning work with this population: (a) access to participants, (b) consent and confidentiality, (c) establishing rapport and trust within the community, (d) time constraints, (e) balancing good intentions with the best interventions for the farmworkers, (f) power differentials between researchers and the farmworkers, (g) farmworker skepticism towards mental health interventions, (h) potential language barriers, and (i) flexible research protocols. These challenges are a part of providing effective, culture-centered services within a standardized research frame. However, as this population continues to rise in the United States, and as their needs for culturally appropriate services are not being met, interventions must be developed and tested to meet this gap in services.

Music in the Mexican Migrant Context

Music therapy has the unique potential to meet the mental health needs of Mexican migrant farmworkers. Music is a central part of the Mexican culture (Sheehy, 1998) and is particularly important for migrants as a way of identifying with their culture at home (Colon, 2006). Music therapy has been documented to alleviate the symptoms associated with depression (Teague, Hahna, & McKinney, 2006) and anxiety (Kerr, Walsh, & Marshall, 2001). Music has the potential to form a bridge between the therapist and clients, and in this setting provides a common ground for working, particularly preferred music from the migrant farmworkers' home regions in Mexico (Schwantes & McKinney, 2010). Schwantes and McKinney found that migrant farmworkers may be more receptive to working through their stress through group music therapy than through talk therapy, based on their participation in music therapy.

Music therapy has the potential to be flexible. While there are certain approaches or

interventions that remain consistent throughout all music therapy sessions, there is some flexibility in negotiating aspects of the therapeutic process and session format. For example, similar interventions may include song writing, song discussion, group music making, music assisted relaxation, and instrument learning, while also providing flexibility among groups. This flexibility may be in the order in which these experiences occur across sessions, the specific songs utilized, or in the instrumentation chosen by the group. Music therapists also may work from a client-centered perspective. Using a client centered perspective, the music therapist and client develop a plan for working together based on client strengths. Therefore, the researcher is not developing a solution to the migrant farmworkers' situation, but the migrant farmworkers are working together with the researcher to develop the best way of working. While it is necessary for the music therapist to communicate directly with the migrant farmworkers, she has the additional resource of music. The music therapist can establish rapport by using musical forms, melodies, harmonies, rhythms, and instruments from the specific indigenous culture. While direct communication may be difficult, a relationship through music still has the potential to develop. To summarize, music therapy has the potential to be: (a) a culturally-centered way of working, (b) an effective method for alleviating symptoms associated with anxiety, depression, (c) approachable and non-threatening, (d) flexible, yet consistent, (e) strengths based, and (f) unique.

Relevance of This Study to the Field of Music Therapy

Music therapy would gain from this research in these ways:

1. This research would be a large study documenting the effects of short-term group music therapy.
2. It would provide documentation regarding the effectiveness of cross-cultural music therapy

3. It would establish best practice methods for working with the growing Latino population in the United States.
4. It would demonstrate the effectiveness of music therapy in enhancing coping skills for marginalized populations.

Documenting the effects of short-term group music therapy could have an effect on accessibility of services for more than just the farmworker population. Other individuals receiving community mental health services could benefit as well. Most of the music therapy literature focuses on mental health in psychiatric facilities, while many individuals living in communities could benefit from short-term group mental health services. Many clinical examples of music therapy in cross-cultural settings have been documented (Amir, 2004; Orth, Doorschodt, Verburgt, & Drozdek, 2004; Zharinova-Sanderson, 2004); however, currently there are very few research studies. There is currently only one published research study documenting the effects of music therapy on Mexican immigrants' mental health issues (Schwantes & McKinney, 2010). The present study would also help to define best practice methods for working with the growing Latino population in the United States by determining appropriate methods of working, not only music therapy interventions, but more definitive interactional styles. Finally, this study would demonstrate the effectiveness of music therapy in enhancing coping skills for marginalized populations. Music therapy has the potential to assist individuals in developing skills for coping with and moving beyond some of the constraints brought on through marginalization in society. While this component is similar to issues addressed by community mental health services, it goes beyond by determining levels of participation and engagement in the research process as well as the examining the participants' relationship to the researcher in the areas of communication and relationship.

Culture-Centered Music Therapy

Utilizing a client-centered approach combined with specific cultural strengths places this research within the bounds of culture-centered music therapy as outlined by Stige (2002). He differentiated culture-centered music therapy from culturally specific music therapy. Culturally specific music therapy is a way of working with one type of culture. Culture-centered music therapy focuses not only on the culture itself, but both the music therapy context and the culture. While this research focuses more specifically on one type of culture, the adaptations made in the music therapy context to support the Latino culture and the marginalization of the Mexican migrant farmworker culture frame it more specifically in the context of Community Music Therapy (CoMT). In this way, not is it only culturally specific, but the music therapy context is also changed to meet client and community needs. Stige defined the standard therapy session format as, “individual sessions on a weekly basis” (p. 42) and argued that this standard format does not always allow room for other contexts and other ways of working. For the purposes of this research, the standard format, regardless of individual or group sessions, would not be viable for numerous reasons, most of which have been discussed regarding research and music therapy with this population. Finally, Stige stated, “ a culture-centered perspective means that the issue of cultural sensitivity gains importance. It is not enough to try and show empathy and respect for another human being. This must be culturally informed...” (p. 248). Community music therapy will be more specifically addressed in both Chapters 2 and 3.

Protocol of this Study

The aims of the music therapy protocol for this study will include aspects of the resource manual approach developed by Rolvsjord, Gold, and Stige (2005) for the use of music therapy in randomized control trials. These therapeutic principles have been

augmented for the purpose of this study specifically to meet the needs of the migrant farmworker community. Through this model, culturally competent care will be given through (a) unique and essential therapeutic principles, (b) essential but not unique therapeutic principles, (c) acceptable but not necessary therapeutic principles, (d) not acceptable-proscribed therapeutic principles.

An example of an essential and unique therapeutic principle in this setting is acknowledging the clients' musical and cultural identities. In this setting, the music not only serves as a therapeutic tool, but as a way of connecting with family and experiences at home. It serves as a bridge between the participants and one another, between the therapist and participants, and between the participants and their cultures. An example of an essential, but not unique therapeutic principle is the sharing of the music therapist's experiences in the form of appropriate self-disclosure. Developing rapport with the migrant farmworkers requires aspects of *personalismo* that involve sharing routine aspects of personal life such as marital status and hobbies. While this is not necessarily unique, it is essential in establishing rapport, especially in a short-term intervention setting with this population. Using *dichos* and *cuentos* would be considered acceptable, but not necessary in this setting. *Dichos*, or proverbs, may find their way into song writing or as a starting place for a group improvisation, as *cuentos*, or stories might. However, these are not necessary as a part of the music therapy sessions. Finally, negating *machismo* would be considered an unacceptable therapeutic principle. *Machismo* is an aspect of the Mexican culture that places responsibility on the man to care for his whole family. This may contribute to the farmworkers' rationale for coming to the United States to find work; therefore, negating *machismo* would only widen the gap between the music therapist and the participants.

Resource Manual

Unique and Essential Therapeutic Principles

Focusing on farmworkers' strengths and potentials. Music therapy sessions will focus on the potentials of the farmworkers as a collective group to achieve a better level of wellness for all of the individuals and the group as a whole. Sessions will remain strength-based by assessing the groups' interpersonal skills and abilities. Sessions will focus on their abilities to support one another and establish a sense of community away from home and on cultural strengths such as *dignidad*, *respeto*, *personalismo*, *familismo*, and music. While the focus will remain positive during all music therapy sessions, problems and stressors will not be negated. The music therapist will address these issues and the incompatible coping mechanisms such as substance abuse that can accompany these problems. Some of these problems and stressors can not be changed; however, learning appropriate coping skills and establishing an environment of support and caring within each camp through the group music therapy sessions will be included in the goals for the sessions. Focusing on the farmworkers' strengths is essential and unique to the music therapy setting.

Collaborating with the group concerning methods of working. As the sessions will be group music therapy, allowing the group to determine specific aspects of the sessions will be essential. As they come from a culture where men make decisions and have full responsibility for those decisions, and they are currently in a situation where they have little or no choice in aspects of their lives. Allowing them to have structured control over sessions will have the potential to give them their voices back. First and foremost, the farmworkers will select the music they want to utilize. This will involve negotiation among group members to determine which types of music are preferred and which songs take priority. The farmworkers also will determine which instruments they will learn to play. This also will

include negotiation among group members. The farmworkers will help determine the session format. They will be provided with possibilities of experiences including song writing, song discussion, improvisation, and group music making. They will determine which they find to be the most helpful in stress reduction.

Acknowledging the clients' musical and cultural identity. This aspect includes acknowledging the clients' musical identity and their cultural identity. As music has been recognized as being highly accessible and portable to migrants and refugees (Colon, 2006), acknowledging the farmworkers culture through the use of their music will be essential to the therapeutic environment. Music provides them with an opportunity to connect with home and bridge the pieces of their lives together. Music will be a tool through which they can express themselves to their group members and possibly their families. It will give their stories a voice and will respect their traditions and culture.

Being emotionally involved in music. Mexican music often expresses strong emotions including themes of patriotism, love, longing, joy, and gratitude. Encouraging these feelings when playing the music will occur naturally within the context of playing their selected music. The group music therapy sessions will focus on placing these feelings into the playing of someone else's music (the song writer or group they have chosen to play), keeping these emotions initially at a distance. It will allow them a place to experience and unfold these emotions without having to at first own those feelings. Again, when *confianza* has been established, the farmworkers will feel more comfortable placing their own emotions in to the music. The music therapy sessions will provide a safe and appropriate place for the expression of strong emotions.

Fostering positive emotions. Resiliency is part of the Mexican culture. This positive attribute will be encouraged during music therapy sessions. It will be fostered through

learning coping mechanisms such as playing guitar when sad, listening to music with the intention of stress reduction, writing a song when loved ones are missed, etc.

Utilizing personalismo. The concept of *personalismo* has been identified as essential to working with Latino clients (Andrés-Hyman et al., 2006; Simoni & Pérez, 1995). In this context *personalismo* will include certain forms of reciprocity. The music therapist may disclose routine personal information. As genuine caring is highly regarded, this will be shown through listening and attending to the farmworkers as they share their experiences, reflecting on those experiences, and placing those into the musical environment.

Teaching instruments/music. This will be a main component of the music therapy sessions as it potentially will help to de-stigmatize the notion of therapy. Using this as the context for the music therapy sessions as opposed to the notion of music therapy in its usual form, will increase the potential for participation and decrease negative feelings the farmworkers might have towards any type of therapy. In this context, it must be considered unique and essential.

Reflecting musically, then verbally on problems. Considering the concept of *dignidad* and *respeto*, sessions will initially focus on group members attending to the aspects of the songwriter's intention when learning selected music. Speaking about the issues from a distance and from another person's point of view will have the potential to encourage thoughtful dialogue about a particular issue facing the farmworkers without the need to initially divulge personal information. As the sessions continue, this dialogue can then be moved to verbally discussing problems in their own lives after *confianza* has been established. In this context, music provides a bridge between the therapists and the clients.

Tuning into the client's musical expressions. Some of the farmworkers may express themselves more through music than verbally. Turning into their musical expressions will

allow for increased communication on subjects that may be more difficult to process verbally. Also, with the potential language barrier, music will be considered more valuable for building the relationship between therapist and clients than in other settings where language is not a barrier. Tuning into each individual client and the groups' music making will be essential and unique to the therapeutic environment.

Recognizing the client's competence related to her/his therapeutic process. The migrant farmworkers may already have suitable coping mechanisms in place for dealing with some of their stressors. The music therapist will have to recognize what these are and support those healthy patterns. The music therapist must also accept what the farmworkers say in relation to their perceived level of wellness and overall reduction in stress. Whereas the therapist might not feel that the farmworkers have made the progress anticipated, the farmworkers may recognize the benefits of the music therapy and feel they have progressed further. A cultural aspect that may be different is the notion of professionalism and the role of the music therapist as expert. Andrés-Hyman et al. (2006) discussed that Latinos will often seek out and expect expert opinion in regard to health and wellness; however, Rolvsjord et al. (2005) stated, "The therapist must not take the position of the expert, but must connect with the client and create a mutual and collaborative relationship" (§ 16). Again, this may be true in the Western context, and it is necessary to work within a framework of collaboration. However, this area is much greyer in the context of cross-cultural music therapy than it is when working with Western clients. The music therapist has to balance the collaboration while still providing expert care with the farmworkers. Rolvsjord continued by saying, "What this is not: To recognize the client's competence related to her/his therapeutic process is not to reduce the therapist's competence" (§ 17). Therefore in the music therapy sessions with the migrant farmworkers, expertise must be shown within an atmosphere of collaboration,

personalismo, *dignidad* and *respeto*, all within the context of music making. Therefore, this principle is unique and necessary to the therapeutic environment.

Dignidad and *respeto* have been noted to be essential components of the therapeutic environment when working with clients of Latino descent (Andrés-Hyman et al 2006; Simoni & Pérez, 1995). Therefore, *dignidad* and *respeto* must be included as unique and essential therapeutic principles in the music therapy environment. *Dignidad* and *respeto* will be incorporated throughout the music therapy sessions and will be intertwined with many of the therapeutic principles. *Dignidad* and *respeto* are essential to the therapeutic environment to allow for *confianza* to be established and for emotional expression and support to take place. In this setting, *dignidad* and *respeto* are essential to the therapeutic environment.

Essential but not Unique Therapeutic Principles

Listening and interacting empathically. Listening and interacting empathically are essential to the therapeutic environment under the notion of utilizing *personalismo*. However, while these are essential, they are not necessarily unique to the music therapy environment.

Collaborating with the client concerning the length of the sessions. While the number of sessions cannot be changed, the farmworkers will have some say in how long each session is. There may be some days when they have been working in the fields for long hours and need a shorter session (around an hour), while other days they might want to spend more time making music together and writing songs. Providing this flexibility is essential, but not necessarily unique to this setting.

Sharing one's own experiences. As this is an aspect of *personalismo* and reciprocity, the music therapist will share routine personal information with the migrant farmworkers. Sharing this information will not impede the therapeutic relationship, but in this case, it will help establish trust and *confianza* more appropriately. As this is a technique that outreach

workers use, it is essential, but not unique to the music therapy environment.

Acknowledging and encouraging musical skills and potentials. In previous work with the migrant farmworkers (Schwantes & McKinney, 2010), it was found that some individuals in the group setting were talented musicians who had given up their musical identities in order to become migrant farmworkers to care for their families. Recognizing these individuals and encouraging their participation and value to the group will be included.

Acceptable but not Necessary Therapeutic Principles

Presenting/performing music with the client outside the therapy setting. Some of the farmworker camps may choose to participate in a community or church event to show off their musical skills. While this will be supported, it is not necessary to the therapeutic environment.

Utilizing dichos and cuentos. *Dichos* (proverbs) and *cuentos* (stories) were recommended by Comas-Díaz (2006) as culturally appropriate aspects of the therapeutic environment when working with Latinos. These may be used during the music therapy sessions as themes for improvisations and song writing, or as a way of verbally processing musical events. As some farmworkers may rely on these more than others, they are acceptable for use during music therapy sessions, but not necessary.

Providing therapeutic rationale. Farmworkers will be informed that the music therapy sessions are to assist in possibly decreasing stress. As they have identified stress as being an issue in their lives (Schwantes, 2008), they will be informed that the therapeutic rationale is to decrease stress. Some groups may be more interested in understanding the therapeutic rationale, while others might not find it necessary.

Religion and spirituality. As religion and spirituality are part of the Mexican culture, utilizing aspects of these beliefs may come into the therapeutic environment. Music therapy

session may focus on using the farmworkers' established notions of spirituality and religion as part of the therapeutic process. While these may be included in other outreach programs through churches and volunteers, religion and spirituality would be considered acceptable, but not necessary to the therapeutic environment.

Not Acceptable - Proscribed Therapeutic Principles

Neglecting the client's strengths and potentials. While this is not an accepted part of music therapy ethics, there are additional points of view to consider when working with farmworkers. While dealing with a difficult life situation, the farmworkers have a tremendous number of strengths and potentials. These strengths helped them choose to help their families by leaving. All crossed a difficult border, even those with working papers. They traveled long journeys to get to North Carolina. They work under difficult working conditions and less than ideal living conditions. Dealing with these challenges takes a tremendous amount of strength and negating this strength would show cultural and personal insensitivity. The farmworkers, while in a difficult situation, also have the potential to create a better life for themselves and for their families. Negating these potentials while only focusing on the pitfalls and the stresses would be detrimental to the therapeutic process as well. This principle will be particularly important when dealing with farmworkers who have issues concerning alcohol and drug abuse. There may be times when it is difficult to see a particular farmworkers' strengths and his potentials for the future; however, working under that assumption would not be an acceptable therapeutic principle.

Negating the farmworkers experience and choice to live as a farmworker. From a western viewpoint, the decision to leave a family and community behind in order to live in another country with difficult living and working conditions does not even seem like an option. However, due to the economic situations facing farmworkers and the promise of an

increase in life opportunities for them and their families, making the decision to leave home to work in the United States may be easier. Negating this experience and this decision would avoid emerging problems and negative emotions.

Directing in a non-collaborative style. Collective experience is essential to the farmworkers. They come from a collective, rather than individualistic culture, and valuing opinions and ideas from the group are important. Therefore, it is necessary to have their opinions in how sessions run. They may be involved in selecting music and in determining which experiences they want to use. Some individuals may even choose to lead the group in informal practice sessions between formal music therapy sessions. Directing the music therapy sessions in a non-collaborative way would decrease their level of control and power over their music making and ultimately their lives.

Negating machismo. To negate *machismo* and its effect on the farmworkers' decision to live and work in the United States to provide for their families would potentially disrupt any therapeutic work occurring during music therapy sessions. *Machismo's* effect on these male farmworkers does not have to be considered from a negative viewpoint, but rather from the viewpoint that they are responsible for providing for their families. These families may be their nuclear families, but more often than not, the extended family is included in their care. Providing for so many people imparts tremendous stress, yet their culture's value is to continue to be strong as to not bring shame to their families. Therefore, music therapy sessions must not negate *machismo* simply as a male-dominated viewpoint, but rather the music therapy sessions should focus on promoting healthy coping mechanisms for that stress and responsibility.

Negating dignidad and respeto. Not allowing the farmworkers times to establish *confianza* with the music therapist would be negating *dignidad* and *respeto*. While in

individualistic cultures such as the United States, it would be expected to tell a therapist problems within the first session, rapport building may take a bit longer with the farmworkers who come from a collective culture and value their own dignity and respect. These principles may hold true to an even greater extent with this population as they are afforded minimal opportunities for dignity and respect in their current living and working conditions.

Negating personalismo. To negate *personalismo* by not treating the farmworkers in a warm and friendly way would be detrimental to the therapeutic environment. In addition, not providing the farmworkers with routine information about the music therapist's personal life could be of detriment as well. While remaining distant is often viewed as an important aspect in the therapeutic environment in Western society, it is not valued in cultures that view personal relationships so strongly.

Personal Motivation

My desire to engage in this research is to work with the migrant farmworker community to identify and develop an effective music therapy protocol. This protocol would have the potential to help them develop stronger coping mechanisms to face the many challenges they are presented as a result of being a marginalized population. I feel that while music therapy has helped many individuals throughout various stages of their lives with a host of different needs, music therapy has not been used enough as an agent for larger social change. I feel that this research has the potential to affect not only the individual lives of the farmworkers involved, but their families, their farmworker communities, and hopefully the greater community.

Furthermore, it has always been my desire to combine the human rights work that I did with both Amnesty International and Peacework International with my music therapy training. Amnesty International's work focuses on political and safety rights, while

Peacework focuses their efforts on improving standards of living through global partnerships and direct relationships. There has been a tradition in music therapy of Music Therapists for Peace (Boxhill, 1977); however, working with people who are experiencing active discrimination and violation of basic human rights has not been discussed in the music therapy literature. There are examples of music therapists working in post war locations (Lang & McInerney, 2002), with people who have experienced discrimination (Smith, 2007), and with people who are refugees relocating to safer homes (Orth et al., 2004). However, working in a context and in a location where individuals are actively facing violations of human rights needs to be addressed with music therapy. As many music therapists work with marginalized populations, it is essential for us to become more political and more actively involved in promoting social change for our clients' betterment as well as for the promotion of the field of music therapy.

Finally, I would like to further develop the scope of music therapy research in general. While in the past few years, the standards for music therapy research have improved, the field is still developing, and so the number of research projects going on at one time is relatively small compared with other fields. I want to see more music therapy clinicians involved in research.

In conclusion, this research sets out to accomplish three major tasks. The first is to work with Mexican migrant farmworkers to improve their quality of life through music therapy. The second is to improve the quality of music therapy research by showing that music therapy research can focus on social justice issues while incorporating culturally specific approaches. Finally, I also plan on demonstrating the value and importance of utilizing mixed methods research techniques in the context of music therapy research to provide a more robust and richer presentation of the findings.

Chapter 2: Literature Review

Migrant Farmworkers

This section will cover general, demographic information about migrant farmworkers, their lifestyle, and their contributions to the United States' economy. In addition, economic hardships and limited accessibility to education and health services will be explored.

Mexican migrant farmworkers travel each year from Mexico to care for crops throughout the United States. Some come with documentation under the H2A visa program, while others without documentation risk dangerous border crossings to live and work in the United States. One of the states that many documented and undocumented workers migrate to is North Carolina, on the southeastern coast of the United States. North Carolina's predominant industry, agriculture, comprises 22% of the state's annual revenue at \$59 billion dollars. As the majority of agricultural products are harvested by hand, it is necessary to maintain a large labor force for this difficult work. Each year 150,000 migrant workers, primarily from Mexico, come to North Carolina to assist with the planting, care, and harvesting of tobacco, Christmas trees, and other fruits and vegetables throughout the state. Nationally, farmworkers individually earn \$11,000 annually, which makes them the nation's second lowest wage earners. It has been reported that this wage is 35% less in states on the east coast, including North Carolina (North Carolina Farmworker Institute, 2007).

What does this situation look like for the average farmworker? According to the most recent National Agricultural Workers Survey (1998), the average farmworker is a married, 29 year-old male who has received an elementary school education. As only 5% of all farmworkers have health care benefits, the average farmworker will not be fortunate enough to have primary care, let alone mental health services. Wages for this farmworker have not

increased in 20 years; however, due to inflation, the prices of goods have increased. This means that the average farmworker must pick 30% more this year than he would have had to 20 years ago to make the same amount of money. In addition only half of the farmworkers have access to transportation and only 14% own their own home. These percentages continue to decrease annually, creating more poverty for this population.

Between the living and working conditions, migrant farmworkers face many stressors. Hovey and Magaña (2002b) identified some of these problems. In addition to low wages, farmworkers engage in demanding and often dangerous work as a part of agricultural processing. They are often exposed to high levels of pesticides and in general, farm labor has the highest number of fatalities compared to other places of employment. Another factor common to this labor force is a higher rate of child labor, particularly for undocumented workers. One of the most common problems noted was lack of sanitation. This was often found in both the living facilities where no running water was available and in the fields where fresh water and basic toilet facilities were unavailable. Hovey and Magaña noted that farmworkers have a low life expectancy of 49 years and have little or no access to health care. Finally, many have less than a sixth grade education.

While these numbers can pose a challenging situation for the farmworkers and the communities in which they live, in order for our economy to continue to function at the level where it is currently functioning, farmworkers are an essential component to food production and labor. The sale of agricultural goods produced by the farmworkers' labor annually contributes \$12,000 to North Carolina's economy. Additionally, farmworkers will often take the jobs no one else is willing to take (North Carolina Farmworker Institute, 2007).

Even though farmworkers have been coming to the United States since 1942, only in the past 10 to 15 years has research been conducted in public health, psychology,

anthropology, and sociology. Mize (2006) noted that the United States government and the Mexican government established a set of agreements to supply the United States with contract labor for agriculture and railroad work during World War II. These agreements, called the Bracero Program, were to last a minimal time and approximately 4.5 million contracts were signed. More recently these numbers have decreased to between 2 to 3 million estimated by McLaughlin, Rodriguez, and Madden (2008) in 2002. The initial Bracero Program was designed to provide Mexican workers with adequate housing, transportation, and living wages, and to prevent discrimination. However, the actual experiences of the farmworkers were quite different. Mize (2006) examined 13 archived life-stories of Mexican migrant farmworkers involved in the Bracero Program and interviewed 10 other individuals who had lived near the Bracero program in California and Colorado. He found that many of the same conditions that are reported today have been reported since the inception of the agricultural work program.

These living and working conditions as well as other stressors mentioned have the potential of directly affecting lives and families of migrant farmworkers. Without adequate structures and programs in place for insuring the safety and well-being of the farmworkers, these stressors will continue to exist. In addition, developing appropriate coping mechanisms for dealing with these stressors is immensely challenging.

Mental Health Issues

The next section describes the current mental health research that has been conducted with migrant farmworkers. It will be broken into three categories: findings from qualitative research, findings from quantitative research, and findings from mixed methods research.

Findings from quantitative research. Documenting migrant farmworker mental health has been a recent phenomenon. While currently no studies have been published in

regard to mental health interventions, many others have been conducted that measure the frequency of mental health problems in this population. Anxiety and depression (Grzywacz, Quandt, Early, Tapia, Graham, & Arcury, 2006; Magaña & Hovey, 2003; Hovey & Magaña, 2002; Hovey & Magaña, 2002b) have been found to be the most common mental health problems.

This section will discuss the prevalence of mental health concerns in this population. Finally, the folk illnesses, *susto* and *nervios*, their causes and resulting complications, will be explored. Researchers also have offered recommendations for addressing these issues, including the complications that arise from cultural differences in the view of mental illness.

According to a recent survey of Mexican immigrants, it was found that nearly 25% are dealing with some type of mental health issue such as anxiety and depression (Grzywacz et al., 2006). One of the theories postulated to affect farmworker mental health is an ambivalence framework. In this framework the researchers examined whether the assumption that male farmworkers feel responsibility according to their societal norms to financially take care of their families. Grzywacz et al. (2006) wanted to determine the level that this form of ambivalence has on farmworker mental health. The researchers interviewed 60 male farmworkers in North Carolina. Interview assessments included measures of anxiety (Personality Assessment Inventory, PAI), depression (Center for Epidemiological Studies Depression Scale, CES-D), and an alcohol dependence measure (CAGE), as well as looking at marital ambivalence, parental ambivalence, and filial ambivalence. These forms of ambivalence were based on participants stating that their wives (marital), parents (parental), or siblings (filial) made them feel doubtful about coming to the United States to work to fulfill family obligations. In their results 58% of the men experienced all three forms of ambivalence in their decision to migrate to the United States. Grzywacz et al. also found that

17% of the participants had high levels of anxiety, 40% of the individuals had significant levels of depression, and 40% reached the criterion for possible alcohol dependence. The men who experienced marital or parental ambivalence experienced more problems in the United States than those without it. While Grzywacz et al. advocated for the farmworkers in terms of government regulation or basic program provision, they do not offer concrete methods or ideas for improving the farmworkers' situation. Their only recommendation is, "expansion of such efforts that help workers resolve enduring ambivalence about leaving their families behind may beneficially affect farmworker mental health" (p. 95). It is unclear from the farmworker perspective how or if this would actually be beneficial.

In a similar study of the work-family challenge with low income Latinos in North Carolina by Grzywacz, Quandt, Arcury, and Marín (2005), mental health (perceived stress, depression, and anxiety) was compared with the effects of the work-family conflict. However, in this study the strains associated with the work and family conflict were seen more in men than women. The results also indicated that the effects of this conflict had little influence on levels of perceived stress (Perceived Stress Scale, PSS), anxiety (PAI), and depression (CES-D). The authors proposed that the perceived benefits for the family such as more wages and better education might offset the stresses incurred from the separation and the work-family conflict.

Migrant farmworkers face significant barriers to health care provision, and are at risk for potentially spreading communicable diseases at a higher rate than other individuals due to their living conditions and their migratory patterns. Bechtel, Shepherd, and Rogers (1995) identified these barriers and their implications in rural farmworkers in Georgia. They found four distinct barriers: (1) dissimilar culture and language, (2) income level, (3) "powerlessness in the political arena" (p. 18), and (4) limited access to health care providers.

While identifying the needs presented by migrant farmworkers, Bechtel et al. primarily focused on how these needs should be met through culturally competent care. In addition to Spanish-language training, they recommended that service providers meet the farmworkers in their communities rather than expecting the farmworkers to come to established facilities. They also recommended establishing trust and rapport with the migrant farmworker communities to enable increased communication and dialogue as to what they perceive their own needs to be. Other recommendations were identified as assessing and evaluating current programs and their impact on the farmworkers as well as advocating for decreasing barriers to preventative care. Finally, Bechtel et al. recommended that when communities unite and work together there is an opportunity for increasing overall quality of life and personal growth.

Determining what factors affect levels of anxiety in Mexican migrant farmworkers is one aspect of creating services that are designed to meet the needs of those experiencing mental health issues. Hovey and Magaña (2002) looked at the specific psychosocial predictors of anxiety in 65 Mexican migrant farmworkers in southeast Michigan/northwest Ohio. In addition to measuring anxiety with the PAI, the researchers also looked at the individual's contribution to the decision to become a farmworker, religion, social support, self-esteem, and acculturative stress. The results indicated that significant predictors for anxiety were acculturative stress, contribution to the decision to live as a farmworker, and religion. Hovey and Magaña (2002b) also noted that anxiety could be caused by the separation from family and friends due to the migration patterns many of the farmworkers follow. In addition, they noted that economic hardships, discrimination, and inability to become a part of society lead to higher levels of anxiety. Where Grzywacz et al. (2006) left out specific ideas for prevention or treatment, Hovey and Magaña (2002) were very clear in

their recommendations. They stated,

In evaluating and treating the immigrant farmworker, the clinician should carefully address the following: the stressors connected to migrant farmwork and acculturation, including the migration experience itself; the farmworker's sense of self; social support; the farmworker's hopes and expectations for the future; and past and present coping strategies, including religion (p. 287).

While the authors did provide a clear way of working with farmworkers experiencing psychological issues, the farmworkers' voices were absent again from this study.

In a similar study, Magaña and Hovey (2003) looked at psychosocial stressors associated with depression (CES-D) and anxiety (PAI) in Mexican migrant farmworkers ($N = 75$). The results of the study identified specific stressors associated with the migrant farmworker lifestyle and measured their effects on depression and anxiety. The stressors identified to be the most common were (a) being away from family and friends, (b) rigid work demands, (c) unpredictable work and housing, (d) low family income, (e) poor housing conditions, (f) language barriers, (g) education of self or children, (h) hard physical labor, (i) lack of transportation, (j) exploitation by employer, (k) lack of daycare, (l) geographical isolation, (m) limited access to medical care, (n) discrimination, (o) undocumented status, (p) acculturating to a new environment, (q) worries about socialization of their children, and (r) paperwork for social services. Of these 18 stressors, rigid work conditions and poor housing were significantly correlated with anxiety levels. Rigid work demands and low family income were significantly associated with depression symptoms. These results led the researchers to identify specific approaches to clinical practice. These included establishing group support groups on site where the farmworkers live, health screenings as well as mental health screenings, and educational programs that focus on mental health's effect on physical

wellbeing.

The previous studies mentioned collected data from both male and female participations. Therefore it is necessary to determine if there are gender differences between males and females for the purposes of comparing the results of this study to previous findings. In their interviews and surveys with 150 low-income Latinos, Hiott et al. (2006) identified some of the similarities and differences between men and women in regard to anxiety and depression. Using the PAI, the researchers found that 39% of participants reached caseness for potential anxiety and 40% met caseness for potential depression when measured with the CES-D. There were no differences between men and women in regard to potential caseness for either disorder. Employment was identified as being a variable that significantly affected anxiety scores. Average anxiety scores for individuals with employment were 14 points lower; however, these scores increased in relation to hours worked per week. This was similar for depression as well. For individuals with employment, depression scores were seven points lower. Perceived social marginalization was identified as increasing men's levels of anxiety and depression, but not those of women. However, separation from family was noted to significantly increase women's levels of depression. Hiott et al. noted that these results would affect the level and type of care needed by these individuals. Understanding the causes of depression and anxiety for men and women may lead to better treatment options.

Susto and nervios. Delivery of mental health care also should follow this recommendation. Farmworkers should be consulted as to ways that mental health services would best fit the needs of their communities. This would hold particularly true for farmworkers diagnosing themselves with folk illnesses such as *susto* and *nervios*. Rubel, O'Neil, and Collado-Ardon (1984) defined *susto* as an experience that caused tremendous

fright. Its symptoms may include sleep disturbance, listlessness, depression, crying, and lack of appetite. Symptoms of *nervios* may include high or low blood pressure, headaches, desperation, chest pains, and are generally believed to be caused by family or social strain. Weller, Baer, Garcia de Alba, Garcia, and Rocha (2008) noted that distinguishing *susto* and *nervios* could be difficult as many of their symptoms overlap and it is difficult to determine what the cause of the symptoms truly is. The researchers questioned 200 individuals in Mexico to determine if they had or were currently experiencing *susto* or *nervios*. They then compared these answers with a self-report depression scale (Zung's Depression Scale) and perceived stress scale (PSS). The results found that almost 70% of the respondents indicated they had experienced *susto* and 65% had experienced *nervios*. Almost 48% indicated they had experienced both *susto* and *nervios*. Those who had either of the illnesses were 1.75 times more likely to have the other and women more frequently reported *nervios* and *susto*. Higher levels of stress also were more common in individuals who reported both illnesses than those who had reported only one. Individuals who had experienced *susto* had significantly higher levels of stress and depressive symptoms than those who had not experienced *susto*. However, the connection between *nervios* and depression and stress was even higher, especially compared to those who had not experienced *nervios*. In an examination of how *susto* and *nervios* are similar to depression, it was found that *susto* was reported by 81% of those who might have depression, while *nervios* was reported for 96% of those with possible depression. The authors noted that there was a "very high likelihood that someone with depression will report *nervios* and, to a slightly lesser extent, will report *susto*" (p. 415). In their survey of farmworkers, Mines et al. (2001) found that 50% had experienced some form of *nervios*. Of those who sought treatment, 58% were treated by doctors with some form of medication, and 14% were treated by *curanderos* (traditional

healers). Weller et al. (2008) further explained this by noting that the majority of the individuals who had reported a folk illness were not depressed. However, the prevalence of depression for those who had experienced *nervios* was much more common. These results still do not clarify the difference between *susto* and *nervios* and their effects on mental health. Weller et al. explained this possibility by noting that *susto* and *nervios* were very specific illnesses, whereas stress was a vaguer problem. While these findings helped to clarify some of the possible differences between *susto* and *nervios* and their effects on mental health, none of these authors made recommendations for treatment.

Susto has often been linked to diabetes (Baer et al., 2003; Jezewski & Poss, 2002; Weller et al., 2002). Flaskerud and Calvillo (2007) defined *susto* as a “state of anxiety or stress due to a traumatic event or an emotional upset in life such as relationship problems, financial problems, or witnessing tragedies” (p. 822). *Susto* has often been used as an explanation in Mexican-American communities for diabetes in addition to a poor diet, obesity, and genetics. Some individuals even noted that it was the leading cause of diabetes. Flaskerud and Calvillo recommended that those who are helping to treat Mexican individuals for diabetes should also look into dealing with *susto* as a part of the treatment process. Mines et al. (2001) found that 23% of the individuals they interviewed had experienced some form of *susto*. Only a small percentage sought treatment for *susto* with 18% seeing a doctor and 23% seeing a *curandero*. While this information may seem irrelevant to mental health care and treatment, some individuals who have been diagnosed with diabetes may not identify with a mental health problem; however, mental health services might be warranted as a part of their treatment. They also may seek treatment in health care centers for physical needs and may need mental health care in addition to primary care.

Findings from qualitative research. The migrant farmworker experience is a

complex issue. It warrants investigation from not only quantitative research, but qualitative also. In their grounded theory method, Parra-Cordona, Bullock, Imig, Vilarruel, and Gold (2006) interviewed 13 families over the period of three years. Even though the participants identified a variety of challenges, such as lack of health benefits and poor working and living conditions that they faced as farmworker families, they still indicated that they were very satisfied with life. These challenges or stressors felt less threatening when they were compared to the benefits of the migratory lifestyle including education for their children, better wages, and family cohesiveness. Participants also stressed the need to work hard when given an opportunity for a job. Parra-Cordona et al. noted that the migrant farmworkers felt that their work reflected not only on themselves, but their families and their entire culture. Many of the participants experienced discrimination in various forms including lack of payment and health care even when these were negotiated as part of a working contract. The participants also indicated that they frequently worked while they were sick, as they would be told not to come back to work the next day if they had to leave work early. Another stressor associated with migrant farmworkers who follow streams of migration depending on crops was the need to move quickly to a new location, only to arrive and have the crops not fully ripe for picking. The farmworkers felt that this moving was stressful as they had to uproot themselves and often missed work due to relocation time and waiting for crops. The migrant farmworkers identified their lifestyles as the road to upward mobility. Through their hard work they were able to achieve more financial stability, education, language proficiency, and literacy. Finally, the desire to remain as a family was critical to these particular farmworkers. All of them wanted jobs that allowed them to spend more time with their children and not have to work to afford necessities. The researchers provided recommendations for service based on their results. First, cultural competence must be a

component of social service providers. Second, the values inherent in the Latino lifestyle (*personalismo*, *familismo*, etc.) must be a part of the practice, and third, all services should be offered by bilingual staff.

Farmworkers often know how stressors affect their lives, but are unaware of what services might be available, or do not have the time to deal with these stressors due to their living conditions. Researchers and farmworker health programs often assume they know how to deliver services, but in reality, the farmworkers know best how services should be provided. In a qualitative study utilizing a focus group format, Perilla, Wilson, Wold, and Spencer (1998) interviewed farmworkers to determine how they felt services should be delivered. They found that farmworkers often had significant barriers to accessing health care services, even when these were provided free of charge. Transportation, knowledge of eligibility, work hours, and fear of deportation were just some of the barriers identified. In each of the focus group sessions, the farmworkers discussed accessing community leaders who were knowledgeable in regard to home remedies and herbs. The farmworkers determined that if there was more collaboration between health care providers and leaders in the migrant farmworker community, delivery of services would begin to meet the needs of the farmworkers, and the overall health of the communities would improve.

Taking an ecological approach, Ward (2007) conducted a national study of farmworkers to determine how health was affected by social, cultural, and economic conditions. She found that, while counterintuitive, higher rates of English language literacy, higher income, and possessing health insurance all contributed to reporting more health concerns. She proposed that this could be due to the fact that those with higher income and education levels have greater expectations for what their life quality should be. Possessing insurance also allowed the farmworkers to voice ailments as they were fortunate enough to be

able to seek treatment.

Findings from mixed methods research. Work-family conflict was noted earlier to be another area of tension for low-income Latinos who have migrated to the United States (Grzywacz et al., 2005). This area of study has mostly looked into the conflicts with work and family in White, professional adults. Therefore, recommendations for alleviating this stress may not be the most appropriate for low-income Latinos. Grzywacz et al, (2007) studied the experiences and their health implications of immigrant Latinos dealing with the work-family conflict. Their study included qualitative interviews ($N = 26$) and surveys ($N = 200$) of low-income Latinos working in the poultry industry in North Carolina. The results indicated that women experienced this form of conflict more than men. The researchers found that time conflicts between work and family were usually negotiated by the individuals with their places of employment; however, many of the Latinos did not have the option of negotiating their time and felt that their families would have to accommodate the worker's job. The results of this study also indicated that work to family conflict was lower for this particular Latino population than it was for the greater US population. They attributed this difference to the fact that Latinos come from a collectivist culture, rather than an individualistic culture.

Mental health summary. Farmworkers are faced with many stressors that often lead to serious mental health issues. Grzywacz et al. (2006) found that at least 25% of migrant farmworkers were dealing with some type of mental illness. Researchers examined specific psychosocial factors that led to elevated levels of anxiety (Magaña & Hovey, 2002, 2003) and depression (Magaña & Hovey, 2003) and also found that gender differences may affect anxiety and depression (Hiott et al., 2006). Some of the researchers provided suggestions based on their experiences, while others (Parra-Cordona et al., 2006; Perilla et al., 1998)

provided recommendations based on suggestions gathered through interviews with farmworkers. Culturally specific folk illnesses, *susto* and *nervios* also impact the mental and physical health of farmworkers (Baer et al., 2003; Flaskerud & Calvillo, 2007; Mines et al., 2001; Poss & Jezewski, 2002; Rubel, 1984; Weller et al., 2008). Grzywacz et al. (2007) evaluated the effects of work-family conflict in Mexican migrant farmworkers' families and found that work-family conflict actually occurred infrequently for Latino men working in the poultry industry. While counter intuitive, those with higher levels of education and English-language literacy may have more mental health issues (Ward, 2007). While the amount of data is not always consistent between studies, it is apparent that many migrant farmworkers face mental health issues. Even with the risks associated with being a farmworker, many were noted to be willing to take these risks to increase the overall prospects for themselves and their families. The next section will discuss one of the mitigating factors, social isolation/social support, that has been found to affect these mental health issues

Social isolation/Social support.

In addition to anxiety and depression, self-esteem and social support have also been evaluated. Hovey and Magaña (2002b) measured the perceived effectiveness of social support using the Personal Resource Questionnaire Part 2 (PRQ85) with migrant farmworkers ($N = 95$). They found that ineffective social support significantly affected levels of anxiety and suggested that encouraging social support would provide a coping skill for dealing with anxiety. They argued that the collectivist nature of the Mexican culture made migrant farmworkers more vulnerable to the effects of no social support than individuals from other cultures. Hovey and Magaña noted that lack of social support could directly affect self-esteem. This study also examined the effect of education on levels of anxiety. They found that higher levels of education actually led to higher levels of anxiety. They anticipated that

higher levels of education would actually decrease anxiety, but the results suggested otherwise. They attributed these results to the notion that farmworkers with higher levels of education may have anticipated another career path or may be more aware of discrimination and levels of income for their education level than their less educated peers. Hovey and Magaña (2002b) again recommended the same strategies as their other studies for providing clinical services. In this paper, however, they added that not only should prevention and treatment be offered, but assessment as well. While these recommendations are useful, research on how to successfully implement them is missing from the literature.

In a similar study conducted by the same researchers, social support was found to be correlated with anxiety. Hovey and Magaña (2002) examined social support as a predictor for anxiety (PAI). The researchers evaluated the level of perceived social support rather than looking at the extent of the social support. Their findings indicated a significant correlation between overall anxiety, cognitive anxiety, affective anxiety, and finally physiological anxiety. They stated, “the perceived quality of social support may be a more accurate predictor of psychiatric distress than is quantity of social support” (p. 233). Again, they provided ample suggestions for implementing appropriate mental health services. They highly recommended social support groups as a preventative strategy against anxiety.

Social isolation may also contribute to acculturation levels that in return affect mental health.

Finch, Frank, and Vega (2004) further explored social isolation and its affect on not only problem drinking, but also other mental health issues such as anxiety and depression. They divided social support into two categories: emotional support and instrumental support. Emotional support was defined as stating yes or no as to whether or not you had a person with whom you share your inner most thoughts and feelings. Instrumental support was defined as having friends or family that would 1) give you a ride if needed, 2) loan you \$50,

and 3) provide comfort when needed. While these were very basic assessments of social support, they did have a significant impact on mental health. The researchers found that individuals who were more acculturated or more invested in US culture were more likely to deal with stress through self-medication. However, individuals who were less acculturated were more likely to draw upon more traditional or cultural support systems to deal with stressful events, to the extent of improving overall mental health.

One of the factors that has been found to lead to problem drinking is social isolation. Problem drinking, while potentially harmful, is not as severe as alcoholism. It is more of a situational issue as described below than a pervasive mental health issue. In their extensive review of the literature, García and Gandolf (2004) found that social support was highly correlated with problem drinking. They compared the migrant farmworkers living experience as similar to male-only labor-intensive work camps such as logging and oil-drilling. The men use drinking as a form of release when they are separated from their families. While the migrant farmworkers were compared to the other forms of labor camps, García and Gondolf noted, “The distinctive difference with the migrant farmworkers is their migration status and ethnicity, which appear to accentuate their isolation and absence of kin” (p. 150).

Migrant farmworkers need a strong social support network. Since the farmworkers come from a collectivist culture where social networks are highly valued, improving social support could be one preventative strategy against mental health issues. The next section will cover the role that substance abuse plays as a potential mechanism for self-medication when farmworkers are faced with mental health issues without a solid support network.

Migrant Farmworkers and Substance Abuse

Another mental health issue facing migrant farmworkers is substance abuse. Substance abuse prevalence has been reported to range from 8.9 % (Alderate, Vega, Kolody,

& Aguilar-Gaxiola, 2000) to 39% (Grzywacz et al., 2007). Drinking patterns may change when migrant farmworkers are in the United States (Alaniz, 2002; Alderate et al., 2000) and may be affected by separation from family and as avoidance from current life realities (García & Gondolf, 2004).

Substance abuse has been a major concern for communities with high populations of migrant farmworkers. In order to assess the current situation, Alderate et al. (2000) examined mental health risk factors and prevalence of psychiatric disorders, including substance abuse, in 1001 Mexican migrant farmworkers in California using the World Health Organization's Composite International Diagnostic Interview. They found that 8.9% of the individuals had issues with substance abuse. It was the leading mental health disorder among men in the study and while marital status and income did not have an effect on prevalence, age did. Migrant farmworkers who were 26 to 59 years of age were more likely to have substance abuse issues than younger workers. Also, respondents with more than six years of education had higher rates of substance abuse, as did respondents who identified the United States as their main residence over Mexico. Alderate et al. stated, "The paradox of better health outcomes amongst low-income immigrants in the United States, a high-risk group, has been attributed to protective socio-cultural factors that may weaken as immigrants become established within the host society" (p. 613). The researchers found that migrant farmworkers who had a higher risk for mental health prevalence had lower rates of family support, had experienced discrimination, and had lost aspects of their traditional culture. Alderate et al. provided justification for retaining cultural identity, and increasing social support and strong family ties. However, they provided no specific recommendations for mental health practitioners or community based health programs for the migrant farmworkers.

In addition to the mental and physical health factors associated with heavy drinking,

alcohol abuse can also increase risk for injury both for the individual farmworker and the people he or she works with. Grzywacz, Quandt, Isom, and Arcury (2007) measured alcohol use amongst migrant farmworkers ($N = 151$) in North Carolina using the CAGE and frequency and extent of drinking with self-report measures. Results indicated that 39% of the farmworkers could potentially be alcohol dependant with 27% reporting frequent, heavy drinking. Grzywacz et al. found that rates of heavy drinking increased for farmworkers who were single and did not follow the crops. Farmworkers who were married, even if separated from their wives due to their work, had lower rates of alcohol abuse. Higher levels of dependence were also found in camps that were comprised of both documented and undocumented workers. Even with these high numbers, Grzywacz et al. also noted that 26% abstained from alcohol all together.

Understanding why alcohol abuse increases when the farmworkers come to the United States has been a concern for researchers. Alaniz (2002) noted that Mexican American males in the United States have adopted the frequent drinking patterns of American males, while Mexicans living in Mexico drink less frequently, but consume more per occasion. The drinking rates of Mexican-Americans in the United States have been found to be much higher than the drinking rates of Mexicans in Mexico. Alaniz stated, “the higher the level of acculturation to US culture, the higher the rates of overall consumption” (p. 1255). This is consistent with the findings of Alderate et al. (2000). Perhaps one of the most visible aspects of high alcohol consumption has been car accidents. Alaniz (2002) noted that 60% of all auto fatalities for Mexican men are alcohol related; and alcohol-related violence and homicide are also greater than the general population. Alaniz provided suggestions for research that would accurately measure alcohol abuse and the role that acculturation plays in its rates, as well as suggestions for prevention efforts. These included tailoring specific alcohol reduction

campaigns to subsections of the Latino population, examining the availability of alcohol in Latino communities, and directly targeting the alcohol industry.

Most studies centered around Mexican migrant farmworkers and alcohol abuse have primarily identified that there is a problem or have counted the number of individuals that could potentially have alcohol abuse issues. Studies measuring the effects of alcohol prevention, alcohol abuse treatment, and the promotion of self-care with this population have not been conducted. García and Gondolf (2004) reviewed the literature with the aim of identifying why problem drinking is an issue for farmworkers and the approaches used to measure the problem. While they noted major problems in generalizing the research they examined, there were able to determine reasons why the farmworkers might engage in problem drinking. The first reason was that farmworkers who are separated from their families while living in large camps may drink simply as a way to escape their current reality. Drinking could be a leisure activity. Many of the camps were noted to be isolated and García and Gondolf compared this to other labor forces that are isolated with high numbers of men (e.g., oil rigs). The second reason they provided was culturally based. As the farmworkers received weekly incomes, they often associated paydays with having a fiesta every weekend. Finally, they proposed that heavy drinkers often attracted other heavy drinkers. Farmworkers could be potentially recruiting like-minded friends and family members, so heavy drinkers could all be living together in the same camp. Again, the researchers provided no recommendations for prevention and treatment of problem drinking.

Latinos face significant barriers when trying to access substance abuse services. In a study of Latinos in North Carolina, Crowley (2003) noted (a) a lack of bicultural and bilingual staff, (b) lack of transportation, (c) decreased access to services due to cost, and (d) “culturally-bound bias and beliefs about the causality of mental disorders and substance

abuse dependence” (p. 127) were barriers to treatment access. One of the unique challenges for Latinos in North Carolina was that many of them are first generation, while in other states with high numbers of Latinos, families have been more firmly established in communities for multiple generations. A further barrier to substance abuse treatment was identified as the state’s new Mental Health Reform. This reform was noted to significantly decrease access to services by decreasing eligibility and increasing community based services that often do not have bicultural and bilingual staff. Crowley identified five strategies for providing mental health and substance abuse services to low income Latinos in North Carolina. These recommendations included (a) encouraging Latino students to become mental health workers after receiving higher education, (b) working with the university system to encourage higher education in the mental health field, (c) encouraging licensure of bilingual staff, and (d) developing incentives for retaining bilingual/bicultural staff. While these suggestions are looking at long-term goals, they do not identify more immediate solutions to the current problem. They also do not remedy some of the more basic barriers such as transportation, stigmatization of mental health, affordability, and hours of operation.

Finally, working conditions in farming can be quite dangerous. The National Institute for Occupational Safety and Health (Hawkes et al., 2007) estimated that annually there are 22.7 deaths per 100,000 workers per year. With estimates of at least 2.5 million workers coming to the United States every year, the potential death rate is enormous (approximately 567 deaths per year). When this dangerous work is combined with alcohol abuse, farmworkers have the potential to harm not only themselves, but also their co-workers.

Research on problem drinking in migrant farmworker communities has focused primarily on prevalence and potential reasons why problem drinking occurs in this population (Alderate et al., 2000; García & Gondolf, 2004; Grzywacz et al., 2007). However, only

Alaniz (2002) provided suggestions for prevention and treatment. While Crowley (2003) discussed the barriers to mental health services, including alcohol treatment, her commentary primarily focused on policy changes rather than practical prevention techniques. Again, as in the previous sections, there is a lack of literature outlining evidence based practice to meet these needs. It is clear that there is a need for culturally appropriate mental health interventions. The research has shown this repeatedly. However, there is a huge gap in the research that measures the effectiveness of any mental health intervention. The next section will address some of the ethical issues that researchers face when working with migrant farmworkers. These ethical considerations may illuminate part of the reason why there are not any studies investigating mental health interventions.

Ethics of Working with Migrant Farmworkers

When conducting research with migrant farmworkers, it is necessary to be aware of ethical considerations that may arise due to their vulnerable status in Western society, in particular those which may arise due to cultural issues. Cooper et al. (2004) discussed a myriad of ethical issues facing researchers working with migrant farmworkers. Informed consent and autonomy were clearly the most challenging issues. Their comparison of four studies indicated that informed consent was better obtained when community members and bilingual staff were involved in the process of developing the research program. These individuals also aided in providing consent in Spanish, translation, and interpretation. Autonomy was best achieved by recruiting participants away from their worksites as well as paying them nominally for their time, as opposed to excessive amounts which could have caused the migrant farmworkers to participate out of financial need. To ensure confidentiality, trained interpreters had to sign confidentiality forms. These individuals were already connected to the community, so it was necessary for them to understand that the

information they obtained during interviews had to be kept confidential. Cooper et al. advised adhering to these practices to ensure that farmworkers are treated with the same level of respect as the general population.

Recruiting and retaining farmworkers for research has been found to be challenging for some researchers. Miranda, Azocar, Organista, Muñoz, and Lieberman (1996) also evaluated studies focusing on low-income Latino participants. They found that studies that utilized the following as part of their research, recruited and retained these participants. Bilingual and bicultural staff members were identified as the most crucial aspect. Staff members who spoke Spanish and were able to communicate effectively with low-income Latinos assisted in greater recruitment of participants. Miranda et al. recommended that participants be recruited away from mental health service providers. They could have negative associations with mental health services as well as stigmas associated with mental health issues. Providing childcare and transportation were noted to decrease barriers to participation. Finally, the researchers also identified *personalismo* to be essential to retaining individuals. Miranda et al. noted the ethical and moral obligation of conducting research with this population, but recommended a culturally sensitive approach. These ethical issues may pose a challenge to researchers. However, if these are taken into consideration with the suggestions provided by previously mentioned studies (particularly those studies conducted by Hovey and Magaña), then there might be a potential to measure the impact of a mental health intervention. In the meantime, it will be necessary to examine the literature on mental health approaches with Latino clients. The next section will discuss some of the strategies that have been recommended by clinicians and researchers with case examples.

Mental Health Approaches with Latino Clients

Culturally appropriate mental health interventions have not been specifically

researched for Mexican migrant farmworkers; however, studies and clinical examples have documented the best methods of culturally appropriate mental health interventions for Latino clients. In addition, specific aspects of the Latino culture related to intervention success have been explored.

For therapists working cross culturally, specific, cultural challenges may arise. Andrés-Hyman et al. (2006) provided recommendations to increase rapport and sustainability of mental health programs for Latinos. The key elements of successful practice identified were *dignidad* and *respeto* (dignity and respect), *familismo* (family values), *personalismo* (relating personally), *machismo* (maleness), *marianismo*, (reverence for the Mother Mary), and religion and spirituality. When considering *dignidad* and *respeto* Andrés-Hyman et al. provided the example of using formal language when meeting clients for the first time, as a way of showing them respect. *Dignidad* and *respeto* was also noted to be similar to the notion of establishing rapport, as trust (*confianza*) had to be established before any personal questions could be asked. *Familismo* included bringing family members into the treatment program for support and guidance, and also respecting the interconnectedness that is a part of the Latino culture. *Familismo* was noted to possibly affect treatment as some individuals or families may be reluctant to discuss family issues outside of the family environment. *Personalismo* was noted to be more than just relating personally. Andrés-Hyman et al. recommended disclosing routine personal information with clients as this provides them with a view of the therapist. They also recommended disclosing the meaning of the therapist's vocation and his/her desire to be of service to the client. The effects of the economic and social strains associated with *machismo* were noted to affect clients. Andrés-Hyman et al. recommended discussing vocational strains with men as well as economic disenfranchisement and discrimination. *Marianismo's* effect on clients also was identified as

an issue that needed to be addressed during therapy. The authors recommended that therapists frame therapeutic goals according to personal narratives and explore the level female clients adhere to traditional gender roles. Finally, religion and spirituality were found to be helpful in promoting successful coping strategies, and it was recommended that therapists form alliances with local religious leaders.

Other aspects of culturally sensitive therapy have also been presented in the counseling literature. Comas-Díaz (2006) discussed the use of *cuentos*, *dichos*, *sanación*, and folk healing in counseling with Latinos. *Cuentos* are stories that provide a narrative of collective history and personal history. It was noted that these stories were transformative for clients and provided additional concepts to an overall collective history. *Dichos* are proverbs. Comas-Díaz provided one particular example, “El que canta, sus penas espanta (the person who sings scares his or her sorrows away) articulate[s] the value of a positive outlook in life” (p. 443). She likened *dichos* to a way of restructuring cognitive processes. She also noted that *dichos* have been used to express negative emotions in a culture where negativity can be frowned upon. Spirituality was also noted to be an effective strategy in culturally appropriate counseling. Spirituality has been a part of the Latino way of life and has the ability to transcend specific religious traditions. In this sense, Comas-Díaz discussed spirituality in the form of remembering ancestors and the notion that there is a spirit in all things. She also argued that spirituality, with its reverence of Guadalupe, the patroness saint of the Americas, was “feminist and revolutionary” (p. 445). Spirituality was noted to be effective in decreasing clients’ isolation and reconnecting them with the larger community. When family and spiritual interventions are not enough, Comas-Díaz noted that many Latinos turned to folk healing. She stated that folk healing is rooted in spirituality and folk healers often use prayers, rituals, herbs, and other remedies. In her presentation of case studies,

Comas-Díaz found that the use of these specific approaches integrated into counseling were effective in establishing rapport and creating an atmosphere of growth for her clients.

Mutual support groups have been found to be particularly effective with Latino clients. Simoni and Pérez (1995) presented a rationale for mutual support groups that provide culturally appropriate therapeutic processes. They evaluated the effectiveness of parent support groups based in the schools. Some groups were conducted in Spanish, and others were conducted in English. Simoni and Pérez discussed their findings in terms of community assessment, recruitment, group leadership, group content, and group process. In their study, community assessment involved personal interviews and discussions with local community leaders. They found that these community leaders were vital to the overall accessibility to group members and the success of the groups. Recruitment involved one-on-one invitations. This concept was congruent with the idea set forth by Andrés-Hyman et al. (2006) in their description of *personalismo*. Simoni and Pérez (1995) also addressed the concept of *marianismo* by recruiting mothers through fliers announcing parenting classes. They noted that focusing on the family rather than individual support helped to recruit mothers interested in receiving parenting advice. Each group established its own form of leadership. The most successful group had elected officers to help determine linearity in the group and to establish structure. These elected leaders served as moderators when particularly difficult issues arose. Group content initially focused on learning, and group members did not disclose personal information for fear of bringing shame to their families. However, as time progressed and group members began to trust one another, more personal issues were discussed. Reciprocity was considered to be an important aspect of the group process. The mothers wanted to receive and give information however, they were open to outside information presented by professionals. Overall, focusing on group process, which is consistent with Latino values,

enabled these support groups to grow and flourish.

Many communities and non-profit organizations have recognized the needs of those who live in their midst and have established health care and social work programs to meet some of these needs. One method of promoting positive mental health for older immigrants is through English as a Second Language (ESL) courses. Taylor, Taylor-Henley, and Doan (2005) examined 139 translated narratives written by older adults (55 and older) participating in ESL courses in Canada using ethnographic and narrative analysis methods. They identified six main themes throughout the narratives: homesickness, abusive situations, isolation caused by the Canadian winter, lack of language, and the role of ESL. Taylor et al. found that ESL programs for seniors contributed to a sense of belonging, a decrease in isolation, and a method for building social networks. They also noted that the authors of these narratives wanted to be associated with their stories rather than have their names be kept confidential.

Although McLaughlin, Rodriguez, and Madden (2008) did not employ psychological measurements, they described the use of ESL with migrant farmworkers as part of adult rural education provided in an attempt to alleviate the isolation and language barriers facing migrant farmworkers. The model they described not only focuses on learning English, but rather on literacy, arts, and empowerment. Their program relied on a service-learning component of education in the liberal arts department of a university in Michigan. The goals of the program were to provide basic health information regarding pesticide exposure and basic health needs, as well as English language courses. While the researchers noted that the migrant farmworkers gained some knowledge as to English language proficiency, the effect of the program was found more predominantly in the connections made between the university students and the farmworkers. The program also changed the way that the students

viewed the farmworkers and positively affected their careers goals and aspirations as a result of the program.

In summary, while researchers have provided suggestions for mental health interventions for Latinos in the United States, currently the literature does not contain any intervention studies with Mexican migrant farmworkers. However, a variety of interventions and clinical techniques have been proposed for use within the larger Latino population. Taylor et al. (2005) found ESL courses to be effective with older immigrants, particularly in regard to providing a place for building social networks, while McLaughlin et al. (2008) simply described their ESL program with migrant farmworkers without measuring its effectiveness on social support or empowerment. Andrés-Hyman et al. (2006) provided specific techniques and attitudes for establishing rapport and supporting Latinos in psychotherapy based on their clinical experience; and Comas-Díaz (2006) suggested additional culturally appropriate methods for working with Latino populations. Finally, researchers discussed the need to provide opportunities for social support (Simoni & Pérez, 1995; Taylor et al., 2005). One cultural factor that could provide additional information, particularly to this study is the role of music in Mexican culture. The next section will discuss specific types of music and the role that music plays, followed by a section on migration's effects on music and music's portability within migration.

Role of Music in Mexican Culture

The rationale for using music therapy with Mexican migrant farmworkers comes directly from the role of music in their culture. This section will explore the development of music in the Mexican culture in Mexico and in the Mexican diaspora in the United States.

Sheehy (1998) has documented Mexican music prior to the arrival of the conquistadors to its current form. The Aztecs used music in many of their rituals. Since then,

the music has developed rapidly on a regional level. As the Catholic church's popularity and eventually Spain's control over Mexico decreased, the development of the *mestizo* music flourished. From traditional Spanish music, such as seguidillas, *coplas*, and fandangos, new genres were developed like the son and *jarabe*. As these new forms of music became popular, they began to be synonymous with Mexican national identity. They were largely influential in shaping and promoting independence from Spain as song writers often included strong lyrics. As Mexico was continuing to gain its independence and establish itself as a sovereign nation, many other European musics were beginning to come into the country. Italian and French influences were the most popular, including opera and dance. Many professional Mexican musicians mastered these high-art forms, as music throughout the country began developing more regionally (Sheehy, 1998).

Many musicians from the countryside began traveling to Mexico City, the capital, to perform local music and attempt to become professional musicians who played mostly regional styles of Mexican music as opposed to the professional musicians who played mostly European style music. The revolution and the support of intellectuals allowed this emerging traditional music to develop and flourish. Regional music was more valued than national music, even with the high birthrate that dramatically increased the population, the beginning of a large network of radio stations in the early 20th century, and the importance placed on nationalism. Sheehy (1998) called this "a national canon of region-based national identity" (p. 605).

Women's roles in the Mexican music culture have been somewhat limited. Many of the places where musicians played and socialized were cantinas. Cantinas were not places for women; therefore, their initial involvement in music groups was frowned upon and quite limited. The virtues of *marianismo* could have been the underlying factor for this attitude.

Rebecca Gonzales, one mariachi pioneer who was born and raised in San Jose, California took part in mariachi courses and, with permission from her father, was able to play in an amateur group in a local bar (Sheehy, 2006). Her violin skills provided her with much notoriety, and she was eventually asked to join Mariachi Uclatlán. During the late 1980's, Nati Cano (an influential mariachi from the United States) noticed her playing, and she was invited to join his house band, Los Camperos at La Fonda. For many of the men with Los Camperos, this was the first time they had ever played music with a woman. It was challenging for them and for Gonzales. One of Los Camperos' rivals in Los Angeles was Mariachi Los Galleros. Mariachi Los Galleros understood the business sense of adding a woman to the group, so they invited Laura Sobrino to join their ranks shortly after Gonzales joined Los Camperos (Sheehy, 2006).

Leonor Xochitl Pérez (2002) spoke of her difficult journey becoming a mariachi in *Transgressing the Taboo: A Chicana's Voice in the Mariachi World*. Her story opens with an embarrassing experience of her first performance as a young adolescent with Mariachi Juvenil, a Los Angeles, school-based, mariachi group. The mostly Mexican-American crowd laughed to see her and the other three females playing with the mostly male group. Throughout her school years, she had to fight constantly for her desire to play mariachi music with her parents and teachers. A girl was not supposed to play with the mariachi, even in the United States. Her parents' fear was that she would become a *callejera*, a woman who walks the streets. When Pérez was to have her *quinceañeras*, the Mexican female's coming out party at age 15, an event for which mariachis are typically hired to play, she was mortified when she had to wear the traditional white dress. She had become accustomed to wearing the traditional black *charro* suit, and wearing the traditional white dress made her feel that all her hard work carving a place in the mariachi world was set back by taking on the traditional

female role. However, Pérez regained her voice and used the power of mariachi to unleash her feelings in a society where women were usually silent with their desires and feelings (Pérez, 2002).

Mariachi music is often thought to be the primary music of Mexico, however, even with its popularity there are many other forms of music that are more prominent throughout multiple regions of Mexico, not just Jalisco. One musical form common in many types of Mexican music is the *corrido*. The Mexican *corrido* has been described simply as a “topical ballad form characteristic of Mexican popular music (used) as a means to spread news” (Chew Sánchez, 2006, p. xi). Schwantes Wigram, McKinney, Lipscomb, and Richards (2011) noted that, “the *corrido* can tell stories of heroes and heroines, revolution, and even of love. Children in Mexico learn them from a very young age” (§ 2). Simmons (1957), an early historian of the *corrido*, described its voyage from Spain to Mexico with soldiers and conquistadores. The *corrido* form was used to tell stories of their voyages and their battles along the way. While the themes of the *corridos* have changed somewhat since their development, Simons identified some similar themes such as violence or catastrophe. However, *corridos* now often include topics such as social commentary or can even focus on love.

The most common modern *corrido* is the *narcocorrido*, sung by many bands throughout the US and Mexico (Burnett, 2009). This type of *corrido* tells the tales of drug cartels and their battles with law enforcement or over territory with other cartels. One *corrido* singer likened the tales of the drug cartels to earlier days when the *corridos* sang about bullfights, explaining its continued popularity, despite its violent content. He stated, “they always want to see the bull gore the matador...we always want the weak one to win. And that's how we see the narco-traffickers (§ 12)”.

Schwantes et al. (In press) stated, “Those who migrate from Mexico to the United States often find themselves in many of the situations described by *corridos*. Migrants often face violence, bandits, and catastrophe through their travel and border crossing, regardless of legal documentation to enter the United States. They also experience social marginalization and discrimination” (¶ 4).

Chew Sánchez (2006) examined the role that corridos play in developing cultural history in migrants from Mexico living in the United States. One participant in her study stated, “*Corridos* are the best source to know what is really going on in the country, unlike the news that comes out of the government or the media...If you want to know what really happened in any situation, listen carefully to the *corrido* about it” (p. 71). Jorge Hernández, the leader of the famous group, *Los Tigres del Norte*, noted, “We are singing their [the migrants] life experiences. In so many ways, we are singing what migrants want to say aloud. We are communicating with them a great sense of love, of union, of peace, of tranquility. I believe that is what makes this communication possible. What makes them feel the *corridos*” (p. 81).

Music and Migrant Identity

Music’s portability and flexibility allows it to travel with migrants to new places. In her work with a music therapy client, Forrest (2000) described the role that music played in forming identity of a Russian immigrant to Australia. Music had the capacity to articulate her client’s experience growing up in Russia during the war in way words were unable. The music also helped the client define her own identity, and finally it provided a bridge through which she could share her identity with her family and her sister who shared her identity. These concepts were congruent with Stokes’ (1994) concept of music and migration in four ways. In the case of Forrest’s Russian client, music helped to communicate her values and

her definition of the world and share her experiences growing up in a completely different environment than that in which she currently lived. The music therapy also helped her clearly articulate her Russian identity in ways that she had been unable to do previously. Finally, the music therapy sessions also allowed Forrest's client to remember the historical events of World War II that brought her to Australia many years earlier. It was through the process of music therapy that the client was able to claim both of her identities, as a Russian and an Australian.

Baily and Collyer (2006) argued the point that "music is more popular, more democratic and more far-reaching in both production and consumption" (p.168) than literature produced by the elite, therefore connecting music with identity for migrants in a much stronger way than that of any of the other arts. They continued by describing music's role in identity through its ability to elicit specific memories to time and place due to its "emotional connotations" (p. 173). In addition to the personal and individual identity that music helps to create for any particular cultural group, music also assists in projecting that particular image to the larger community. In the context of this work, if a European American is asked to identify Mexican music, immediately the response will be *mariachi*. While not music therapists, Baily and Collyer recommended the use of music in a therapeutic environment as a way to process particularly difficult migrations, as in the case of refugees who have suffered torture or traumatic events. They also pointed out that many people will bring traditional healing rituals with them that incorporate music and that they should be encouraged to use these in their new homes.

While music travels with the migrants to new locations and assists in retaining cultural identity, it would be difficult to say that the new environment does not affect the migrants' music. Forrest (1994) discussed this viewpoint in the context of her client who

needed both the folk music from her homeland and the popular music from the society in which she currently lived. Colon (2006) noted a similar situation in migrants traveling from Lesotho to South Africa. Their traditional songs were heavily influenced by the migrant lifestyle. They used these as a way of connecting to their life at home in Lesotho while integrating their new lives as migrants in South Africa. Colon compared this musical change to the change of the *corridos* from Mexico evolving into the popular Spanish hip-hop style, *reggaeton*, over the course of two generations of Mexicans living in the United States.

The previous sections covered mental health issues facing migrant farmworkers, suggestions for dealing with these mental health issues, and the role that music plays in Mexican culture and in migration. Given these factors, it seems as though music therapy might be a viable intervention for meeting some of the mental health needs posed by the farmworkers. The next section will provide an overview of relevant music therapy research for this population.

Music Therapy

Music therapy has been found to be an effective method for decreasing symptoms associated with anxiety (Kerr, Walsh, & Marshall, 2001; Robb et al., 1995; Sendelbach et al., 2006; Robb, 2000) and depression (Hsu & Lai, 2004; Siedliecki & Good, 2006; Teague et al., 2006). In a repeated measures pilot study, Schwantes and McKinney (2010) also found that Mexican migrant farmworkers reported significantly decreased depression following four music therapy sessions. Music therapy has been found to affect self esteem (Kivland, 1986) and empowerment (Procter, 2002). Finally, music therapy has been used as a culturally appropriate method in meeting the needs of refugees and immigrants (Baker & Jones, 2006; Orth et al., 2004).

Depression. Music has been shown to be an effective strategy in dealing with issues

associated with depression. Hsu and Lai (2004) conducted a receptive music intervention with 54 patients diagnosed with major depression in an inpatient psychiatric facility in Taiwan. Participants in the experimental group ($n = 27$) chose CD's (country, Baroque, easy listening, "natural sound music" (p. 195), traditional Taiwanese folk music, and traditional Chinese music) from a selection provided by the researchers. Participants listened to their selection for 30 minutes at 6:00 in the evening for two weeks. Hsu and Lai found that the participants in the music group and decreased depressive scores (Zung's Depression Scale), including the subscales measuring "pervasive affective disturbances, physiological disturbances, psychological disturbances, and psychomotor disturbances" (p. 197).

In a previous pilot study with farmworkers, Schwantes and McKinney (2010) found that participants reported significantly reduced depression following group music therapy sessions. In this study, the participants engaged in active music making that included instrument learning, improvisation, and group music making. Additionally, qualitative data revealed that the men who participated in the music therapy sessions were receptive to using music therapy as a method for dealing with stress.

Physiological pain and depression have been clinically linked in the nursing literature. Siedliecki and Good (2006) measured the effects of music on power, pain, depression, and disability on adults with chronic pain. Participants ($N = 60$) were assigned to the standard music group, patterning music group, or the control group. Participants in the standard music group chose a tape from a selection (piano, jazz, orchestra, harp, and synthesizer), listened for one hour a day for 7 days, and kept a journal. The participants in the patterned music group used more intentionally direct music. The participants selected their choice of music based on their muscle stiffness, sleep needs, need for mood elevation, and need for energy. They also listened for one hour a day for 7 days at a time of their choosing and kept a journal. The

participants in the control group received standard care and kept a journal. The results indicated that the participants in both music groups reported less pain at the end of the study and depression scores also decreased. Both music groups also increased their power from pretest to posttest and had lower disability scores than the control group. No statistically significant effect was found between the music groups. The researchers noted that providing patients with choice of music and when they could listen to the music contributed to the overall findings. Providing choice and power was noted to be an effective method for this population who rarely has control over their lives and bodies.

Anxiety. Music therapy has been used to decrease symptoms associated with anxiety. In their study with 40 adults with anxiety, Kerr, Walsh, and Marshall (2001) compared the effects of reframing and music assisted reframing. Participants assigned to the music listening condition were asked to imagine an event or situation that increased their anxiety. They listened to an anxiety-provoking piece of music (Offenbach's *Barcarolle* from *The Tales of Hoffman*) and then to a piece that ends with a more elated mood (Grieg's *Morning* from *Peer Gynt*). Music listening was preceded by imagining a more neutral or positive situation. The control group did not participate in the music-listening component. Results indicated that the participants in the music assisted reframing group significantly decreased levels of anxiety compared to the control group, including the areas of cognitive reactions and physiological reactions. The researchers speculated that "positive sounding music served as a stimulus that activated positive schemes, which were collectively encoded in memory, and then later incorporated in novel descriptions of the anxiety-provoking situation" (p. 206).

The majority of the music therapy literature focusing on anxiety is associated with the hospital setting (Robb et al., 1995; Sendelbach et al., 2006). Robb et al. (1995) examined the effects of a single music therapy session on state anxiety with 20 children hospitalized due to

burns. Participants reported a significant decrease in anxiety scores from pretest to posttest. However, change in physiological measures, including heart rate, respiration rate, blood pressure, and temperature, did not reach significance. In a post treatment interview, all of the participants identified music assisted relaxation to be helpful in decreasing their anxiety. Sendelbach et al. (2006) measured the effects of a music-listening intervention on cardiac surgery patients' ($N = 86$) post-surgical opioid usage, blood pressure, anxiety, and pain. They found a significant decrease in both pain and anxiety for the individuals in the music therapy condition versus the control. However, there were no significant results in terms of blood pressure or opioid usage.

To determine which approach was most effective in decreasing anxiety, Robb (2000) compared the effects of music assisted progressive muscle relaxation (PMR), PMR without music, music listening, and silence on anxiety and perceived relaxation using the State Trait Anxiety Inventory and a visual analog scale. Participants ($N = 60$) were university students randomly assigned to one of the four treatment conditions. Participants in the PMR group listened to a recording of a PMR script, while participants in the music assisted PMR listened to the same script accompanied by music. Participants in the music listening group listened to researcher-selected music with no instruction, while participants in the silence group were simply asked to relax. Each condition was administered individually and lasted for a period of 15 minutes. Testing measurements were administered pre and post treatment. Results indicated that all treatment groups significantly reduced their anxiety scores from pre to posttest compared to silence. It was noted that the largest mean increase in pre and posttest scores was in the music assisted PMR group, however, significance was not reported. The individuals in the music assisted PMR group indicated more enjoyment and it was noted that individuals may adhere to future anxiety reducing programs that use music.

Anxiety and depression. Depression and anxiety often have been found to coexist. Teague et al. (2006) investigated music therapy's effects on depression, anxiety, and self-esteem with women ($N = 7$) who had experienced intimate partner violence. Visual analog scales were used to measure each of these variables. Six sessions were conducted, and sessions included improvisation, expressive arts, song writing, song singing and lyric analysis. The women reported significantly lower levels of depression at posttest and even at follow-up 3 weeks later. Anxiety scores decreased with marginal significance and self-esteem scores increased, but not significantly.

Music therapy has been found to be an effective method for alleviating some of the symptoms of depression and anxiety. It has also been used as an effective, culturally sensitive intervention with vulnerable populations experiencing distress associated with marginalization. The next section will discuss cross cultural music therapy approaches.

Cross Cultural Music Therapy

There currently exists one music therapy pilot study with Mexican migrant farmworkers (Schwantes & McKinney, 2010). However, research and clinical work has been presented in regard to refugees (Baker & Jones, 2006; McFerran & Hunt, 2008; Orth et al., 2004) and cross-cultural sensitivity that music therapists must demonstrate in order to address with care the needs of this vulnerable population (Bradt, 1997; Brown, 2001). While migrant farmworkers are not refugees in that they often make the choice to migrate for work (Grzywacz et al., 2006), they are still a vulnerable population as evidenced by their low income level and lack of access to healthcare (North Carolina Farmworker Institute, 2007). Therefore studies of music therapy with refugees may inform music therapy with migrant farmworkers.

Music therapists may find themselves working with populations of individuals outside

their own cultural backgrounds. There have been few studies documenting the effectiveness of cross-cultural music therapy; however, some clinicians have reported its effectiveness in their own practice. Bradt (1997) discussed the ethical issues raised in the counseling literature and their implications for the field of music therapy. Perhaps one of the most relevant issues discussed was the notion of collective identity found in non-Western cultures and individual identity. Bradt said,

the discrepancy between Western values and values of minority populations, which is most often discussed in the existing literature, shows up as group orientation versus individualism. The worldview of most ethnic minority groups values the group above the individual. (p. 138)

It is challenging for a therapist with an individualistic worldview, who trained and now works under these assumptions in practice, to switch gears and begin to consider the importance of the group as a whole more than the individual. While gaining specific cultural knowledge and worldviews were stated to be part of cross-cultural counseling practice, Bradt noted that the therapist must also understand his or her point of view as well. Verbal and nonverbal communication also were identified to be critical aspects of ethical multicultural counseling practice.

Finally, music therapists should be fully aware that clients who have to communicate with their therapists in a language different from their own language become distanced from themselves. Therefore, the music therapist needs to take a longer time to explore significant feelings and experiences. (p. 143)

Bradt believed that music therapists often overlook cultural competence as music has been referred to as a universal language. However, defining music as a universal language has led to imposing Western music on clients. Bradt also recommended that music therapists

understand how the role of music can change from one culture to another. She acknowledged that music therapists should receive more specific training as a part of their music therapy training. Many music therapists often receive multicultural training and ethics as a small part of various courses, when it should be an entire course of its own.

Similarly, Brown (2001) examined the music therapy and counseling literature to advocate for culturally centered music therapy. She focused specifically on ethics, cultural empathy, understanding client and therapist world-view, and the notion of music as a universal language. She noted that ethics are covered in codes of ethics for both music therapists and counselors. Empathy in general has been fully addressed in the counseling and music therapy literature, but it was noted that empathy is culturally based and what may be relevant in one culture, may not be valued in another. Finally, the idea of music as a universal language was explored. Brown noted, "Perceiving music as a universal language may give some practitioners a false sense of safety, believing that multicultural concerns are not necessarily an issue for music therapy" (p. 17). She discussed the concept of music being perceived symbolically and not as a language. In this viewpoint, the listener attaches meaning to the music rather than music presenting a meaning. She presented the argument that music could not be considered a universal language, as it would be difficult to determine which music would be chosen for this definition, and musical traditions are so culturally rooted. Brown continued to advocate for culturally centered music therapy by providing suggestions for practice with specific cultural groups, and the use of non-Western music as a way of eliciting responses in clients with a Western worldview. She noted that practicing from a culturally centered worldview is an ethical obligation and music therapists should take the necessary steps to begin to practice in this way.

Other music therapists have used a multicultural approach to their music therapy

interventions with clients from a broad spectrum of origins. Shapiro (2005) discussed a multicultural approach in his work with clients in a variety of settings including children and adults with disabilities, older adults, and individuals in homeless shelters. He argued that using a multicultural perspective is essential for meeting the needs of these clients. Music was found to be a tool his clients could connect with, even when language was a barrier to communication. Shapiro discussed the importance of bringing in preferred music from the clients' countries of origin as well as culturally appropriate instruments. He also described adapting instruments as necessary when more unique, traditional instruments were not available. Finally, Shapiro discussed how working with individuals from around the world influenced the way he taught improvisation to his students. Using various rhythms, harmonies, and melodies from different cultures were ways the students accessed new ideas and techniques that they were able to implement with clients in the clinical setting.

In a recent pilot study conducted in Australia with newly arrived refugee students, music therapy was noted to be an effective technique for dealing with aggression and hyperactivity (Baker & Jones, 2006). In this crossover study 31 refugee students, mainly from Africa, participated in two 5-week blocks of music therapy and two 5-week blocks with no music therapy. Stratified randomization was used to ensure that students from the various grade levels and ages were placed equally into the two groups. Music therapy sessions were held twice a week for 30 to 40 minutes. Initially sessions explored music sharing from the various cultures, self-identity, social skills, and impulse control. These sessions utilized improvisation, dancing, song singing, and song sharing. The authors noted that the improvisations were recorded and played back to the group, but due to limited English-language skills, a verbal discussion of the playing was not part of the session. As the students' English language abilities increased, sessions included themes regarding

adjustment, acculturation, anti-racism, and feelings of classroom failure and utilized more verbal techniques such as song-writing and song discussion. The songs written by group members were recorded for the students to take home. The students' behavior was assessed by teachers at five points in the study using a behavior assessment system that included (a) aggression, (b) hyperactivity, (c) learning problems, and (d) leadership and study skills among others. The results indicated that the music therapy sessions helped the students decrease negative behaviors such as aggression and impulse control and helped with issues such as self-identity and acculturation. Baker and Jones noted that language and cultural barriers played a role in the teachers' abilities to score the subscales of depression and anxiety. Overall, the music therapy sessions did not significantly improve scores on the behavior checklist; however, the school and teachers did report an increase in positive behavior. While this study discussed the use of music therapy in a cross-cultural setting, the authors did not include much discussion of how crossing cultures could have affected their implementation of music therapy services. They did highlight music's ability to step beyond the realm of spoken language and a variety of musics were used, including culturally specific selections identified by the students.

Music therapy also has been effective in working with refugees who have experienced a variety of traumas. Orth et al. (2004) discussed specific techniques used with refugees in a cross-cultural, inpatient treatment facility for refugees in the Netherlands. The clients in this facility often have pervasive mental health concerns due to their experiences of trauma or present with symptoms associated with culturally bound mental health needs. Orth et al. presented specific music therapy techniques and stages of music therapy sessions. The methods they discussed included (a) recording a tape/CD of relaxing music (live or recorded), (b) learning how to play an instrument, (c) creating a musical product (a life story

recording), and (d) improvisation. Group music therapy sessions may utilize these specific approaches and it was noted that the groups typically progress over a five-phase model. The first step in this model is getting acquainted (phase one) during which time group members get to know one another, safety is established, and musical skills are developed. During phase two, a sense of stabilization has been established and experimenting has begun. It is in this phase that clients begin to connect with specific instruments and they begin to explore how they like to play. In phase three, clients start looking back at the trauma and tell their stories to the group verbally and musically. Phase four, looking at the present and the future, involves the client integrating the past into the present, while looking to the future to develop goals. In the final phase, clients reflect on the process and move away from the treatment sessions. Finally, it was noted that some of these phases may be easier or more difficult for certain clients based on their cultural backgrounds.

Empowerment must also be considered when working with marginalized populations. Procter (2002) discussed one such solution to empowering clients by focusing on the abilities and strengths of clients, the potential for the clients' wellness, as opposed to a focus on the disability, an increase in practical knowledge in regard to caring for oneself, and creativity in the form of the arts therapies. According to Procter empowerment has a stronger political connotation to it than enabling, which can also improve lives. He noted that enabling was often better aligned with other services, as a measureable outcome can often be determined. Providing clients with empowerment was noted to not take away from the skills and abilities of the music therapist, but rather it could be considered to be focusing on a different level of skills and abilities than used previously. The examples Procter gave were (a) listening, (b) hearing as music, (c) musicking (Small, 1998), and (d) reflecting on the co-musicking. Listening may seem obvious, but Procter pointed to the importance of listening both

musically and non-musically to what is important to the client. What does the client want to develop? Listening to music was noted to be acknowledging clients' creativity and musical expression. As the relationship has been established in a more cooperative way focusing on the clients' abilities and their own desires, musicking was noted to be a creation of music between the therapist and the client, not simply playing instruments together. Finally, reflecting on co-musicking is acknowledging the shared musical experience between the therapist and client rather than a hierarchical relationship traditionally seen in client-therapist relationships. Through a case example Procter illustrated that in minding these concepts of empowerment, he listened to his client, they created a variety of music together, and in turn the client was able to express a part of herself not seen in other circumstances. Music therapy helped her develop and show new parts of herself.

The results of these studies and clinical examples demonstrate the complexities of working cross culturally, particularly with marginalized populations. While cultural barriers were not always taken into consideration, the effects of music therapy were still considered to be positive in terms of decreasing negative behaviors (Baker & Jones, 2006), allowing space for working through trauma (Orth et al. 2004), and for client empowerment (Procter, 2002).

Culture-Centered Music Therapy

Music therapists working in a culture-centered practice often face many challenges including the context from which the therapist and the client work. Zharinova-Sanderson (2004) identified these contexts as the clients' cultural background, the music therapist's cultural background, the location and culture of the setting, and the wider community. Each of these contexts contributed to the music therapy sessions she had with a man from Turkey, Herr A, who brought with him his own cultural background. Zharinova-Sanderson brought her Russian background, and sessions were held in Berlin, Germany at The Centre for the

Treatment of Torture Victims. This facility had its own culture that initially focused primarily on the trauma and the need to help clients establish asylum in Germany. The music therapist was brought in to provide a non-verbal form of communication; however, she first had to establish music therapy as a viable form of treatment within the facility. The therapists at this facility often focused the bulk of their work on diagnosing post-traumatic stress disorder, and they rarely worked with the clients on their current situation, their new context in Germany. Ultimately her work with Herr A led to a performance for the 10th anniversary of the facility. While presenting to the public the work done in a therapy session can be frowned upon, his performance with the support of the music therapist and other musicians presented a wider definition and understanding of the center and its work with those seeking asylum.

Zharinova-Sanderson stated

As therapists we have to find new ways of thinking about and explaining what we do, since our experiences do not always fit neatly into accepted models of work. We also have to grow in our daring – daring to affect the ecology of our communities without fear of losing our professional integrity as therapists. (p. 246)

Music therapists face many challenges working with clients from other cultures.

Amir (2004) discussed the role that music therapy plays in balancing old traditions and adopting a new cultural identity. Amir noted,

“Music plays an important role in building and strengthening self and cultural identity, and therefore helps both therapist and clients in dealing with issues concerning the balance between past and present tradition between the new culture and the old one, and between “‘keep the uniqueness’ and ‘assimilating into the culture’” (p. 251).

She found that some of her clients retained their old language and culture and often reverted

to it when faced with difficult situations, while other clients completely negated the old culture and refused to even use its language. Amir described her work with a Russian music therapy student in Israel. Ana did not want to sing any of her music from Russia because she was embarrassed by it. Amir questioned if she should encourage Ana to sing, forcing her to share part of her identity that she was not ready to share. However, her fellow music therapy students began singing a Russian song in Hebrew with Ana in a way that helped her integrate her old identity with her new identity. Amir also discussed the need for balance between keeping the uniqueness of the old culture and assimilating into the new culture. She discussed the music therapist's role in strengthening the identity of clients and working toward this balance. This role also was extended when the music therapist began to work within the community. In Amir's example of a music therapist working in a school for troubled adolescents, the students performed for the families, the staff, and the community at the end of the year. Presenting work to the community allowed for bridges to be built between students and family members, demonstrated a sense of pride for the students, and showed the community and school staff the power of music therapy. Amir described this work as a continuum between the therapeutic work in music therapy sessions and the broader music-making of the community.

Some music therapists may work in a culture-centered context without explicitly stating so, and in some cases, the culture the music therapist is working in may not be defined by race and ethnicity, but rather by socio-economic status or marginalization. Smith (2007) utilized elements of culture-centered music therapy, including song writing, recording sessions in a music studio, and the production of a CD in his work with marginalized, First Nation individuals concurrently diagnosed with HIV/AIDS and a mental health or substance abuse disorder. His clients were marginalized due to their diagnoses, homelessness, drug-

abuse, sexual identities, and a myriad of other complications associated with their lifestyles. Smith used a music-centered approach with these individuals, including singing, improvisation, and song writing. Sessions focused on increasing empowerment and leadership among the individuals. The project concluded with the recording of an album that allowed the participants to connect to the wider community through the distribution of their CD.

Group music therapy has been shown to be one possible method for decreasing stress and increasing the potential for social change with adults in South Africa. Pavlicevic (1999) discussed the use of group music therapy with clients in a particularly challenging climate in South Africa as a part of group building for nonprofit organizations and schools. Sessions included structured improvisation, semi-structured improvisation, and unstructured improvisation. Initially, the groups started out in a very structured, therapist-directed form of improvisation that focused on musical dialogue between group members on chosen instruments. Participants discussed the musical dialogues and reflection on how they related to the work environment. The dialogue was then put back into the music, and the participants explored change through musical improvisation. In the semi-structured activities, Pavlicevic utilized an ostinato form improvisation. Two or three group members were asked to create a rhythmic ground. On top of this grounding, the rest of the group members created an improvisation. This form of semi-structured improvisation left more room for chaos and increased the level of risk and unpredictability to the sessions. Risk and unpredictability were aspects of the climate these individuals were experiencing in South Africa during this time. While predictability was considered to be stifling, lack of stability increased anxiety levels. When sessions moved to the unstructured improvisations, Pavlicevic noted that group members often felt uneasy and tension levels increased. However, after the experience of

creating a musical work that included beautiful sounds as well as discordant sounds, the group members came together. Pavlicevic noted that the participants were tolerant of the discordant qualities of the music and reflected on how this tolerance could apply to the work environment and the current political environment. While data from these improvisations sessions were not systematically analyzed, conclusions were still drawn. The group members commented on their abilities to communicate together as a group. As their working and living situations were often full of stress, the improvisation sessions allowed them to work together, listen to one another, and examine their way of living and working in the community.

Stige (2002) discussed the concept of “music-in-context” (p. 92). He argued that music could not be isolated from the context in which it is used or played. When individuals in the Western world consider music, they are looking at more often the artistic approach to music. Stige observed that, “first-rate in arts, manners, and scholarly pursuits is linked to power and privilege while music therapists often work with people in little power living quite unprivileged lives” (p. 92). Using this perspective was a part of the rationale in Stige’s more broadly defining music therapy. One of his arguments was to broaden the use of the word therapy. The example he provided discussed music therapy with women who had been in prison. The music therapist did not label it as therapy per se, but the inmates could identify it as being therapeutic. Stige’s notion was essentially to take the vernacular definition of the term, rather than the disease model of the term often used by psychologists and psychiatrists. Stige also discussed the original Greek version of the word *therapeia* (p. 182) that he identified as “care” (p. 182). He asserted that in our Western context, that word has slipped to a definition of “cure” (p. 193). Stige also mentioned that one aspect under the umbrella of music therapy is a “promotion of resources” (p.185).

Community music therapy. Under the umbrella of culture-centered music therapy is community music therapy (CoMT). CoMT has often been the merging place between music therapy and community music. Community music has been defined as a more public event surrounding music for change, either personal or communal, while music therapy has primarily been focused on goal-directed change in small group or individual therapeutic settings. CoMT brings those two ideas together in a way that creates a place for individual and societal growth. In his article, Ansdell (2002b,) defined CoMT in this way:

Community Music Therapy is an approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics. It reflects the essentially communal reality of musicing and is a response both to overly individualized treatment models and to the isolation people often experience within society. (formulated by Ansdell, Pavlicevic, Procter & Verney, 2002; Ansdell, 2002b, ¶ 48)

Another approach to defining CoMT was taken by Ansdell (2002) in terms of differentiating it between community music and music therapy. Ansdell noted that the establishment of music therapy versus community music in Britain rested on proving that music therapy was a legitimate method of intervention initially for children with autism, and then later incorporated into psychological practice. It was through this later practice that music therapy defined itself more clearly by distinguishing the therapeutic relationship that occurred in music therapy versus a relationship that relied on music being played to another individual. This work also focused on promoting change in the individual participating in music therapy, not the broader public. Community music on the other hand developed around the same time, but as music therapy was beginning to align itself with allied health services, community music, at least in Britain, focused more on giving a voice to individuals that were

often outcast by society. Community musicians advocated for empowering groups of individuals, rather than individuals themselves. Ansdell described the difference between the two types of working as a continuum from individually working with people (covered by music therapists) and communally working with people (covered by community musicians). However, he suggested that perhaps CoMT could be the new continuum which covered both working individually and communally to promote change. In this concept, music therapy would take into consideration the marginalization of the individuals and their cultures, and would work in context rather than creating an artificial structure in which therapy occurs.

Sometimes CoMT is not the first approach used with a particular client or group. Næss and Ruud (2007) discussed a shift from strictly improvisational music therapy to community music therapy with a woman diagnosed with schizophrenia. In this case study, the client utilized music therapy in a way that allowed her to move from someone who had been institutionalized most of her life, to someone who was reaching out to those in her group home and the broader community. The musical change that occurred in her playing mirrored the changes that were occurring in her life.

It has been difficult to define the line between the work of community musicians and some music therapists operating within the practice of CoMT. In their grounded theory analysis, O'Grady and McFerran (2007) interviewed community musicians and music therapists. They found that for music therapists who work in community contexts, the emphasis of the work was on the individual, in terms of self-expression, while for the community musician, the emphasis was more on the aesthetic nature of the work and the possibility for social change. While music therapists did value these components of the work, and community musicians did value the individual, the primary difference between the two was which aspect was the most important. O'Grady and McFerran outlined three components

of their theory: health-care as a continuum, the music-worker's priorities, and boundaries. Regarding their first component, valuing health-care as a continuum, O'Grady and McFerran noted that music therapists determine which methods of therapy are the most beneficial to a client at any given time. The researchers noted that music therapists look into their clients' history, perform an assessment, and modify treatment accordingly. While the musical output might be the same for the community musician and the music therapist, it is the pathway of getting to that point that is so different. Secondly, the community music therapist will follow the lead of the individual client, whereas the community musician (or music-worker) follows the lead of the music. O'Grady and McFerran summed it up this way: "In other words, and at the risk of oversimplification, 'good' music in CoMT is a tool for the individual whereas the individual in Community Music is sometimes a tool for social change or for 'good' music itself" (p. 21). The authors continued their theory by discussing the role of the individual versus that of the culture as a whole. They noted that traditionally, music therapy has been seen as an individualistic model where individual goals and interventions are determined. As clients move through the therapeutic process on the health care continuum toward wellness, they require less support. As this progression changes from a more individualistic-centered approach during times of greater healing to a more outward approach as clients move towards wellness, there is a potential for change from an individualistic approach to a more community approach. O'Grady and McFerran noted that, at the same time, if the client or participant is not prepared for moving into a more outwardly-oriented approach, the situation can increase the vulnerability and marginalization of the client. Finally, O'Grady and McFerran noted the differential role of ethics and use of boundaries. Community musicians often worked under their own personal and moral ethics, rather than following the ethics established by a profession. Community musicians often fill the void of the gray area in

which music therapists do not always feel comfortable working. Music therapists may not define that area as the type of music therapy that they were educated to provide or the type of therapy that their profession would deem true music therapy.

Community music therapy's influence on this study. Given the needs of the farmworkers and the contexts in which they live and work, it is necessary to utilize the principles of CoMT in this research. O'Grady and McFerran's (2007) idea of working on an individual level and then moving toward a group and then community level mirrors the work that needs to be done with the population in this current study. Individual healing while in a group context is necessary before any community change can happen. This research hopes to address the isolation of the farmworkers as well as the isolation of people receiving services as suggested by Ansdell (2002b) by providing sessions that are culturally sensitive and in the farmworkers' context. This approach will be discussed more thoroughly in the subsequent chapter.

The next chapter will discuss the research paradigm that will be used for this study. The ontological and epistemological considerations will be discussed prior to addressing the method. While research paradigms are typically discussed in the context of the literature review, providing a chapter dedicated to the complexities of mixed methods research is warranted.

Chapter 3: Research Paradigm

This chapter explores the research paradigm used in this study. It begins with an account of participatory action research and its influence on this study. Mixed-methods research is also discussed as well as the role of the researcher and researcher bias.

Participatory Action Research

The intervention used in this study combines traditional music therapy approaches, while also being influenced by CoMT. Therefore, it seems necessary to utilize principles of participatory action research (PAR) in this study. In relation to CoMT and PAR Stige (2002) stated:

Community music therapy requires a broad spectrum of inter-disciplinary theory in order to be well founded, and relevant models of research include ethnography and participatory action research (the latter being especially relevant for the more radical definition of community music therapy). Community music therapy is necessarily ecological, since individuals, groups, and communities function in and as systems. (p. 328).

This section will examine the principles of PAR and the various approaches that health care workers have utilized with various populations.

Background. Tandon (1988) wrote that the premise that adults “are capable of learning, of changing, of acting, and of transforming the world” (p. 5) is a cornerstone of participatory research, which “attempts to present people as researchers themselves in pursuit of answers to the questions of their daily struggle and survival” (p. 7). Principles of participatory research emphasize valuing people’s knowledge, deriving questions from the perspective of the people, and helping the people with little power or privilege to reflect on their situation. “Participatory research aims to develop critical consciousness, to improve the

lives of those involved in the research process, and to transform fundamental societal structures and relationships (Maguire, 1987, p. 3). Townsend, Birch, Langley, and Langille (2000) defined PAR as a way to “generate knowledge and disseminate findings through consciousness raising, social critique, and social change with the explicit aim of transforming their oppression into empowerment” (p. 18).

Some PAR researchers use Freire’s (1970) concept of empowerment education as the basis to their work (Kidd & Kral, 2005; Townsend et al., 2000; Travers, 1997). Freire’s concept was based on criticism of education as a banking system in which students were empty vessels of knowledge and teachers filled these empty vessels with their wise knowledge. This same system has often been used in mental health care. Using the banking system for education or for health care discredits the clients’ own knowledge and does not control for environmental situations that might currently be out of their control. In this model, clients are dependent on the therapist’s expert knowledge and are unable to contribute to their own treatment process. When using PAR in mental health research, it is essential to understand the clients’ perspective more clearly and to use their expertise and knowledge of their situations when designing and testing various types of interventions that may have the potential to alleviate problem symptoms. This would be especially necessary in the case of populations such as migrant farmworkers who have much more knowledge of their situation, have little choice in their lives, and who come from a culture where the concept of *machismo* is respected and supported.

In a recent study conducted under the model of PAR, health education for social change was measured by evaluating the effects of an informal coffee group for women ($N = 33$) receiving nutritional education and food support in Canada (Travers, 1997). While the researcher provided an outline of possible thematic topics for each discussion, the women

often led the discussion simply by talking with one another and sharing their experiences. Travers noted that the women were frustrated with the system for letting them down and were frustrated with themselves for not working hard enough to make their monthly budgets. As the discussion group progressed, the women began to realize that they were not alone in their endeavors. They had each other to rely upon and to draw upon for suggestions and for support. Travers noted, “Almost imperceptibly, the group sessions progressed from complaining sessions to consciousness-raising sessions” (p. 349). She likened this to the consciousness-raising groups that formed during the 1960’s as a way for women’s voices to be heard. Through this research and with the support of the researcher, the women were able to advocate for themselves and increase their overall well-being. Travers did note that while their level of education regarding their situation increased, some of the problems they faced could not be changed simply through education and advocacy. Childcare and education levels were two of the biggest challenges still facing these women, and their voices were still not loud enough to be heard by other community members and the media. However, Travers did note that the implications of her study would enable policy makers to look at other forms of health care delivery and change in the overall approach to providing health education.

Community-based PAR. One PAR approach, community based participatory research, has been found to be effective in developing an intervention to reduce HIV and STD infections among Latino men. Rhodes, et al. (2006) used community-based participatory research in North Carolina with recently arrived Latino men who were part of a multi-county soccer league. This particular area of North Carolina has been found to have the fastest growing Latino population with disproportionate levels of HIV and STD infections. The goal of the intervention was to reduce the numbers of these infections through education, counseling, testing, and treatment by systematically training and supporting members from

this community to serve as lay health advisors. Rhodes et al. described the relationship and the establishment of this program as collaboration between the researchers and the lay health advisors. The program began by building trust and rapport with the local community. These Latino men lacked trust initially because there was a history of anti-immigration in the broader community. Due to this history and consequent violence against the Latino community, establishing trust within the Latino community took 8 months. The researchers noted that particularly in this community, using PAR was essential for the outcomes of the research to be genuine and usable in the future. This form of research established a bridge between the researchers and the community, was authentic, relevant, culturally appropriate, action oriented, and sustainable. A total of 50 recently arrived men from Latin America (primarily Mexico) participated in focus groups led by researchers and lay health advisors. Participants identified a number of themes in relation to their sexual health. High-risk behaviors, including alcohol abuse, were identified as being part of the reason for inconsistent use of protection and the spread of disease. Intervention priorities and strategies were developed from the results of these focus groups.

PAR has been rooted primarily in health promotion. However, it has been found to be an effective mode of research with adults ($N = 150$) diagnosed with various mental health disabilities in Canada who participated in a daily clubhouse setting (Townsend et al., 2000). Townsend et al. utilized a PAR approach to their research, since the clubhouse where they were seeing clients was already using a client-centered approach. PAR was a natural fit with their philosophy. For this particular study a form of institutional ethnography was used in which three specific stages were described. These stages were (a) describing experiences, (b) identifying how these experiences are related to institutional practices, and (c) changing practices as needed to increase the overall knowledge of the institution. Members of the

clubhouse were involved in particular aspects of designing the research through research question development, survey design, data collection, data interpretation, and dissemination of the results. Members of the clubhouse found the research to be useful in learning more about their illnesses, ways of accessing additional treatment, and overall life improvement. Townsend et al. concluded that power differentials need to be discussed between staff and members, a participatory action group should be an established component of a mental health clubhouse, and researchers need to reduce power inequities through this form of research.

PAR in music therapy. The music therapy literature is sparse in its use of this theoretical framework, even though many of its constructs are part of the foundations of music therapy practice. Nicol (1998) outlined some of the principles of music therapy that are aligned with what she referred to as action research. While she noted the value of “collaboration with participants” (p. 57), she did not specifically define her work as PAR. She outlined four components necessary to begin and implement action research. These are (a) questions, (b) reflection, (c) collaboration, and (d) sharing the results. She noted that questions often arise in clinical practice, and it is from here that action research can begin. When reflecting on clinical practice, it is possible to determine why certain types of interventions are used and how experiences may be similar or different from those experienced by other clinicians. Nicol argued, “Collaboration can potentially eliminate professional loneliness, and strengthen professional identity and camaraderie; facilitate betterment of practice and research; and help in accommodating and bridging difference” (p. 59). Finally, only in disseminating the information through publication and presentations can new ideas be shared and experienced by other music therapists. Nicol further described music therapists who use action research as “reflective practitioners” (p. 60).

Cultural competence. Cultural competence has been determined to be an aspect

critical to the success of PAR studies. In describing their work with a violence prevention program with a Mexican-American population in Texas, Oscós-Sánchez, Lesser, and Kelly (2008) outlined key considerations researchers must take into account when designing and implementing community based PAR. They recommended enlisting the help of local people involved in the community to serve as liaisons between the researchers and broader community. Learning the local history of the people involved in the project was also advised, as was continuing to show a respect for the local community, their traditions, and their abilities to determine aspects of the research and program outcomes. Oscós-Sánchez et al. also acknowledged the role of reciprocity in implementing a project viable to this Mexican-American population. Lack of reciprocity between the researchers and local community would further isolate and marginalize the community while decreasing the likelihood of a successful project.

PAR with migrant farmworkers. PAR has been used specifically with migrant farmworkers for pesticide exposure education. McCauley, Beltran, Phillips, Lasarev, and Sticker (2001) reported the findings of their study conducted with primarily Mexican migrant farmworkers in Oregon. Their research program involved researchers from a university, community-based programs providing services to the migrant farmworkers, and the migrant farmworkers themselves. McCauley et al. reported that this program required input from all of the different types of individuals to make the research viable and for the outcomes to address the issue of pesticide exposure. They also discussed how each group benefitted from the research study. For the university researchers, success was measured by the number of publications and presentations at national and international conferences as well as through the development of new scientific ideas and additional grants. However, McCauley et al. admitted that quantifying the success for the community involvement was more challenging.

They noted that the researchers' perceptions of the research program and the community's perceptions were quite different. For example, while 50% of the researchers and 50% of the community members noted there were communication difficulties at times, 100% of the researchers thought these were resolved, while only 50% of the community members thought these were resolved. In addition, 100% of the researchers thought that the information was prepared jointly, while only 75% of the community members agreed that the information was prepared jointly. Numbers were similar for the preparation of the results as well. While 83% of the researchers thought the results were prepared jointly, only 67% of the community members agreed. The community service providers evaluated the project positively, but their involvement in the research was minimal compared to the involvement of the researchers and community members. McCauly et al. noted that in PAR projects, conflict often arises. They recommended that allowing all stakeholders to provide critiques and reviews of the program was essential. They noted, "The aim is to assure that all stakeholder viewpoints are valued, but at the same time that the project adheres to the goals set forth in the research plan" (p. 454). However, it appears as though they were only willing to allow for a minimal amount of critique as long as their plan could continued to be carried out. Finding the balance between controlling the research in order to determine the results and creating a project that is viable to all stakeholders may be challenging.

Challenges of PAR. While using PAR as the theoretical foundation behind research creates community improvement and engages client involvement in research, potential pitfalls have been identified. Kidd and Kral (2005) noted that PAR increases the researcher's personal level of involvement. Positive aspects of this include gaining insights that might not be available through traditional research. However, this same level of involvement was noted to create potential problems such as infusing beliefs and ideas into the research, and

collaborators could taint research outcomes. Kidd and Kral elaborated on this point by stating,

Indeed, the potential frustrations, anxiety, and ambiguity of many PAR contexts are breeding grounds for researcher insecurity and the temptation to fall back on the comfort of one's power and social position Further compounding this potential problem is that most groups who engage in PAR are themselves acculturated into traditional understandings of relational hierarchies. (p. 190)

Kidd and Kral noted that disagreement might also arise between researchers and participants when designing the goals, method, and actions that end up being fundamentally different from what the researcher originally envisioned. In addition, they found that cultural differences, participant disagreement, and a decrease in motivation to continue the research all could all affect outcomes. These particular areas were observed to be situations in which researchers fall back on the traditional roles of power. As a consequence, participants' engagement in the process of research is diminished. Therefore they recommended that the researchers pay particularly close attention to group process.

Finally, Kidd and Kral (2005) noted that PAR often has not been accepted as a valid form of research within the academic community. They advised researchers who conduct PAR to receive continual training and supervision, and continue to maintain high standards of validity and reliability.

In addition to training, supervision, and maintaining high standards of research rigor, there are additional ethical concerns researchers must take into consideration when designing PAR. Khanlou and Peter (2005) outlined these ethical considerations in terms of questions that may arise when studies undergo review board evaluations. As research in general aims to add scientific or social value, PAR adds one more attribute to this value: political change.

Khanlou and Peter urged researchers to examine their protocol to determine if, in fact, the research has emancipatory qualities and whether or not the problem being researched has come from the oppressed community involved. The authors also reminded potential researchers that this form of research is not simply gaining an understanding of a problem, but also is a form of action against or change of that problem. Changes in the community may lead to further vulnerability. Khanlou and Peter warned, “It is imperative that an acute sensitivity to the politics and culture of communities is demonstrated before a PAR project is initiated” (p. 2337).

Fair subject selection also has been discussed. Khanlou and Peter (2005) recommended that those community members involved in the research receive the benefits of the research as well. They also stated, “Barriers to participation can be lessened if attention is given to such things as flexibility in scheduling, and participants’ needs” (p. 2336). While consent is an inherent part of any research project with human subjects, consent in the case of PAR should be more in the form of collaborating on the goals and direction for the research. This collaboration also was noted to be a part of maintaining integrity towards all involved through continual communication and establishment of roles and responsibilities. Finally, Khanlou and Peter noted that confidentiality might be kept for participant-researchers; however, if participant-researchers are involved with the dissemination of results, their identities may become known. Moreover, the participant-researcher’s involvement in the research often brings additional education and empowerment, and these individuals may want to be known for their contribution.

Building bridges and developing relationships between researchers and participants has been noted to be a challenging aspect of this type of work, particularly with migrant farmworkers. One method often used by researchers with migrant farmworkers is an insider-

outsider team approach (IOTR). Clingerman (2007) discussed her use of this design, including its benefits and challenges. This approach to research is similar to that of PAR as the community members are involved in its creation, implementation, documentation, and dissemination of the results. Whereas PAR has focused its attention on action and social change, IOTR focuses its attention more on contribution to science and literature. Just as with PAR, Clingerman noted that this approach requires open communication, establishment of trust, and negotiation throughout the research process. In the case of her qualitative study with migrant farmworker women ($N = 21$), she noted that as principal investigator and an outsider, it would have been beneficial to conduct interviews in a quiet location; however, the insider noted that keeping the women away from their responsibilities at home could prevent them from being able to participate. Clingerman explained another situation where one of the insiders involved in the study thought that the results of the study would be sent to the President of the United States in hopes of improving border crossings. In this case, the principle investigator had to be clear about the role and aims of the research, which involved health perception and access to healthcare. Finally, the insider was able to explain specific idioms and customs that came up during the interviews that had the potential to sway the results in the wrong direction. Each member of the research team provided her own expertise based on life experiences that further enriched both the overall experience for the participants and the results.

As music therapy should be a process of both therapist and client participation in regard to development of therapeutic aims and ways of working, PAR seems to be the most natural theoretical model for music therapy research in general. However, it is seldom used, particularly in the United States. Stige (2006) examined theoretical underpinnings of music therapy in regard to learning, music, and health by looking at two forms of participation,

individual participation and collaborative participation. He noted that, “Participation is a process of *communal experience and mutual recognition*, where individuals *collaborate* in a socially and culturally organized structure (a community), *create goods* indigenous to this structure, *develop relationships* to the activities, artifacts, agents, arenas, and agendas involved, and *negotiate on values* that may reproduce or transform the community” (p. 134). While this definition of collaboration easily points to the defining characteristics of PAR, it equally defines music therapy practice. The “*communal experience and mutual recognition*” (p. 134) is an established therapeutic principle while the creation of goods is music making. Through music therapy a relationship is made both between the therapist and client(s), but also between the client and the music, and the therapist and the music. Values often have to be developed and negotiated between individuals, especially in the group context. While the transformation of the individuals is often evident, it is not often seen on the communal level.

Participatory action research in music therapy would therefore be something different than developing rhetoric capacity to express the importance of music therapy for social change. It would mean to go beyond general statements on music as freedom, choice, and diversity, and instead examine music therapy’s concrete possibilities and limitations in concrete settings. (p. 278)

In their book discussing how participatory action research can be useful in health care, Koch and Kralik (2006) described an adaptation of Stringer’s (1999) working principles of participatory action research. They noted four main working points: (a) relationships, (b) communication, (c) participation, and (d) inclusion. Relationships should be, “equal, harmonious, accepting, cooperative, [and] sensitive” (p. 96). Communication should be, “attentive, accepting, comprehensible, truthful, sincere, appropriate, [and] advisory (p. 96).

Participation should be, “involving, active, supportive, successful, [and] personal (p. 96). Finally, inclusion should account for, “all individuals, all groups, all issues, cooperation, [and] benefit (p. 96). What may be missing from their working principles are the aspects of social critique or political change that are encouraged by other researchers. However, in an earlier chapter they do place an emphasis on these agendas. Where these working principles may be the most useful is in examining the extent to which a study incorporates these working principles. While not standardized, it does seem as though these might be areas for measuring the level to which a study meets criteria for PAR and may be a way by which researchers could self-critique their research.

Conclusion. PAR places an emphasis on participants in the study taking an active role in the research process (Tanden, 1998). It has also been used extensively for social critique and empowerment education (Townsend et al, 2000). Khanlou and Peter (2005) emphasized a collaboration between the participants and the researcher. PAR allows space in the research agenda and approach for the participants to voice their opinions and ideas in ways that other research, particularly quantitative, top-down approaches do not always include. Where this could present a challenge to this study is with the combined perspective of mixed methods research. The next section will explore the mixed methods paradigm and how this paradigm will be influenced by PAR for the purposes of this study. There will be a further explanation as to how participatory action research and mixed methods will be combined further in this chapter.

Mixed Methods Research

The purpose of this section is to situate this study in context with other research in terms of the subject matter being studied, and to explain why utilizing mixed methods research is essential for the epistemology of each of the areas being studied. The next chapter

will present specific research questions; however, for the purposes of understanding the researcher's point of view it is necessary to present the main themes of the research questions, at least in terms of their ontology.

The main ontology being studied is farmworker mental health. The epistemology of farmworker mental health necessitates gathering mathematical data on standardized measurements in order to view comparisons between time-points. The second ontological consideration is music's purpose and meaning for the farmworkers. It is necessary to study the music from another perspective than mathematics, in terms of its purpose and use and how it relates to regional music in Mexico from which the farmworkers come. Finally, the last ontology is how the farmworkers participate in the research. In order to study their participation, it will be necessary to find out the farmworkers' perspective on the research and their ideas.

To understand how these various approaches of investigation of the mental health phenomena will be examined in the breadth of this research, it is necessary to first situate this study in the context of overall mixed methods research to determine its place in the research paradigm. This chapter will also address how compromises in quantitative and qualitative methods have to be made in regard to epistemological considerations for each of the ontological concepts being studied in a combined way through mixed methods.

Background. Mixed methods research has gained momentum and popularity over the past 25 years according to Hanson, Creswell, Clark, Petska and Creswell (2005). The authors provided an overview of its development. Understanding various types of mixed methods research clarifies the point of view of this research.

Basic types of mixed methods designs. Cresswell and Plano-Clark (2007) discussed several types of mixed methods research. The authors described four types of designs:

triangulated, embedded, explanatory, and exploratory designs. These designs require that the data be mixed in one of three ways: merging, connecting, or embedding the data. In a triangulated design, the researcher collects the qualitative and quantitative data simultaneously and merges them in the results. In an embedded design, one type of method takes precedence over the other. Creswell and Plano-Clark (2007) provided an example of embedding quantitative data within a phenomenological study. Lindvang (2010) used this method in her music therapy study of competencies of student and professional music therapists.

In an explanatory design, the data are connected together. The research is based in quantitative methods with qualitative methods taking a supportive role in a subsequent stage of research. Finally, exploratory designs are generally the opposite of explanatory designs. In exploratory designs, qualitative data are collected at the onset of the research and quantitative data are collected in the second phase of the research. This method is often used in instrument development to determine which issues or characteristics are the most important for a population being studied.

Even though mixed methods research has standards and explanations for procedures, there are other methodologies that are continually emerging. Creswell and Plano-Clark (2007) provided parameters for conducting mixed methods research. However, these seem limited in their scope, at least in terms of their explanations and examples.

Fixed or flexible designs. Another way of examining mixed methods research is in the way described by Robson (2011) as either a fixed or flexible design. Robson used this terminology to present the role of the researcher and the researcher's responsibilities. For example, in a fixed design, the researcher plans out exactly how the research will be conducted. While not all of the time, fixed designs usually refer to quantitative research.

Flexible designs usually refer to qualitative research as the design emerges with the collection of data and the interaction of the researcher with the subject being studied. However, when mixed methods are considered, it is sometimes difficult to place these studies on the continuum of fixed vs. flexible designs. This is particularly true when there are both an emphasis on a strongly fixed aspect and a need for flexibility.

Two points among many that Robson made as an argument for mixed methods research are the ability to examine multiple paradigms within the same study and the opportunity to offset any weaknesses that might be inherent in the study. Despite the multitude of reasons for conducting mixed methods research, there still are challenges. On one hand the collection of multiple data forms might provide a more complete picture; however, having diverse data may also provide challenges to integration. Robson did not address thoroughly how fixed and flexible designs can be combined.

Philosophy of mixed methods. One of the benefits of conducting mixed methods research is its pragmatism, or practical application of knowledge gained from research (Cresswell & Plano Clark, 2007). Feilzer (2010) furthered described this pragmatism by stating, “Pragmatism, when regarded as an alternative paradigm, sidesteps the contentious issues of truth and reality, accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry and orients itself toward solving practical problems in the ‘real world’” (p. 8).

In the current study, there are multiple realities that must be acknowledged. There is the reality of the farmworkers being studied, their mental health issues, the role of music, and the researcher/music therapist. The farmworkers have their own opinions and idea of how the world operates and how they want to be researched. Their perspective on the research is vital in order to insure the validity of the study. Regardless of the findings, if the research is not

valued by the farmworkers, the results are of no significance. Mental health may be defined individually or collectively as a group. Each individual, each camp, and each geographical location may have various mental health needs depending on the circumstances. Finally the role that music and music therapy plays in drawing the participants and the researcher together to make the research happen must be considered as an integral component of the study. These multiple realities are combined together to examine and show a more comprehensive picture of what is being studied.

Need for further clarification. With all of these various paradigm descriptions and types of mixed methods research, it is evident that while mixed methods research has been recognized as a third research paradigm after qualitative and quantitative research, further descriptions and explanations are needed. These descriptions can more fully explain and expand upon the nature of combining qualitative and quantitative data in a meaningful way incorporating a design structure that allows the research agenda to be presented and replicated in a valid way without compromising any aspects of the data. This point of clarity may take some time to achieve, but as more researchers continue to seek out answers to research questions with a variety of epistemologies, mixed methods research will gain more clarity.

An additional perspective. Two other ways of looking at mixed methods research were described by Hanson et al (2005). They defined mixed methods in terms of the timing of the data collection, whether sequential or concurrent. These methods parallel those provided by Cresswell and Plano-Clark (2007). However, Hanson et al. (2005) provided two additional options based in an action or advocacy framework: the concurrent transformative model and the sequential transformative model. Both of these models utilize an advocacy lens, and may utilize a feminist, critical theory, or participatory action models among others.

In both of these transformative models, the researcher is looking to measure some type of change or action and often to advocate for the participants involved in the study. The difference between them lies in the timing of the data collection.

Concurrent transformative design. In concurrent designs, the data are analyzed at the same time. Hanson et al. (2005) provided one example of this type of research conducted by Balmer, Gikundi, Nasio, Kihuho, and Plumer (1998) with Kenyan men who had contracted sexually transmitted diseases or HIV/AIDS. The authors of this study conducted a randomized clinical trial utilizing the lens of PAR. Balmer et al. (1998) found that while their quantitative results were marginally significant, the men who participated in the study demonstrated behavior changes that had the potential to positively impact their health behaviors. Balmer stated:

“The qualitative and quantitative methodology strengthened the validity of the findings. The qualitative assessment process allowed the counseled group to become collaborators in a joint project and perhaps it increased their commitment. The opinions of research subjects can sometimes be neglected, and valuable information can be lost when analysis is done by clinical or psychological measurement alone. Further, subjects sometimes suspect that their views are not accurately or adequately represented, and that the qualitative approach offers an effective alternative. Information that may not otherwise have come to light was brought out, and the opinions of the group were valuable. (¶ 30)

While Balmer et al.’s study offered parameters for conducting a randomized trial in the context of mixed methods research, the collection of the data was simultaneous so neither type of data influenced or reflected the other data until the data analysis stage. Were the data in Balmer et al.’s study to be collected sequentially, over the course of more than one

research cycle, it may have been possible to make additional changes in the methodology or intervention. Additionally, the researchers may have found more robust quantitative data, particularly in regard to losing a large portion of the control group, had they conducted their research utilizing a sequential transformative design.

Sequential transformative design. As was mentioned earlier, regardless of the timing of the data collection in a transformative design, advocacy and participant action are inherent. Where sequential transformative designs differ from concurrent transformative designs is that qualitative data and quantitative data are collected alternately. At the time of the Hanson et al.'s (2005) publication, a sequential transformative design had not been published. Mertens (2007) outlined the philosophical underpinnings of a transformative design, but did not present a study herself. Since then two particular studies have emerged that used a sequential transformative design (Maier, 2011; McNamara, 2010). Maier (2010) critiqued school climate from a feminist lens and McNamara did not state her philosophical background other than pro-environmentalism. However, in reading the design of these studies, it appears as though both actually follow more of an alteration in an embedded design as described by Cresswell & Plano-Clark (2007). The differences are particularly evident when compared to Balmer et al., (1998) and the level to which the participants themselves take action or are involved in the overall research. In neither Maier (2011) nor McNamara's (2010) study, are participants' action or advocacy for themselves evident, raising the question of whether these studies really used the sequential transformative design as described by Hanson et al. (2005). Based on a review of the literature defining itself as sequential transformative mixed methods research that further clarification is warranted in this area.

Situating the current study in mixed methods design. Where does this research fall into the landscape of extant research? As there are different ontological phenomena and

different epistemologies for examining those phenomena, it is necessary to utilize mixed methods research. As this work is being conducted with migrant farmworkers, it is necessary to view the ontology of migrant farmworker mental health with mathematical epistemological procedures to examine the potential effect of music therapy. However, this study proposes to examine farmworker participation in the research as participatory action research is heavily influencing the design process. These two realities are the core research agendas. Since there is a strong component of social justice in this research, a transformative paradigm will be used. However, it is this researcher's belief that in order to closely examine the action or the advocacy piece as Hanson et al. (2005) described in their definition of the transformative aspects of mixed methods research, a sequential, rather than concurrent model is necessary.

Using a sequential transformative approach. In a concurrent model, data are collected simultaneously. While this may be effective for critique of an organization or a method of working, it does not allow enough time for action or advocacy. The concurrent transformative method is simply a critique or point of view of a certain problem. However, in a sequential model, data can be collected and reflected upon, change in the design can then happen and repeated with new insight. In this way it could be considered a cyclical spiral process of research, almost like a shell.



Figure 1. *Shell*

Data collection alternates between qualitative and quantitative until a larger, more complete

picture can be formed of the whole study. Each section has its own discrete unit, but together they create a unified whole. The current study will incorporate a multi-stage approach that will be developed over time and based on previously collected data. Like the shell, it will start out smaller, growing and changing while still maintaining a clear direction and shape. This method for examining the ontological constructs in this research will provide a fuller picture, and simultaneously, allow for each aspect to be examined separately.

Quantitative focus. To begin, this research focuses on quantitative methods. The rationale for basing the research primarily in quantitative methods is that most of the existing farmworker research focused on mental health issues has been conducted quantitatively. As described previously in the literature review, the data that has been collected thus far has described the high prevalence of anxiety, depression, and substance abuse. Therefore, there is a need to be able to reflect on the current farmworker research when comparing the data that this study will also generate. The purpose of this comparison is to make an accurate assessment of music therapy's effect on migrant farmworker mental health, which is the ultimate aim of this study.

Additionally, as this is the first intervention study to examine the effects of any intervention on farmworker mental health, there is also a need to generalize the findings to other locations where potential mental health programs, preferably music therapy programs, could be implemented to meet farmworker needs. While there are many limitations of quantitative research, its generalizability provides a basis on which programs can be developed. Of course, the limitations that the researcher must place on the data collection could call the generalizability into question. Nevertheless, policy makers and other individuals looking to develop broader programs could more likely be willing to consider numbers gathered through quantitative research.

To continue looking at the role that quantitative methods play in this research, it is also important to understand the value of hypothesis testing. This research hypothesizes that music therapy has the potential to improve farmworker mental health. In many ways, this is similar to a therapist beginning work with a client. The therapist hypothesizes that the client will somehow improve her or his overall wellness or decrease any negative symptoms they are experiencing. Examining the effects of the intervention may be easier to explain through quantifiable data.

While this study is a mixed methods research study, the main focus of the research is to examine the effects of music therapy on farmworker mental health. The quantitative focus is essential to (a) comparing the findings to previous research, (b) to generalize the findings to other locations, and (c) to determine if music therapy has a quantifiable effect on farmworker mental health through hypothesis testing. While each of these reasons necessitates the use of quantitative methods, these are not enough to paint the entire picture of the effects of music therapy on the farmworkers' mental health. Therefore qualitative methods must also be employed to enrich the picture.

Qualitative aspects. A qualitative approach will reveal the farmworkers' experiences in this specific music therapy research. In this way, the findings can only describe the experience of the farmworkers in this study, and there is less generalizability to the larger population. While this lack of generalizability may prevent the study from being replicated or expanded upon to support program development or best practice, it does allow for the farmworkers to present their voices and their opinions. These ideas and thoughts are specific to the farmworkers in this study; however, allowing their voices to be heard provides an additional perspective to the research that is important to consider.

The literature review presented migrant farmworker studies that have examined

farmworker experience. While the findings from this research can reflect on previous research, making a direct comparison between the current research and previous research may prove to be challenging. However, at the same time, it is relevant to examine how the farmworker experience may be similar or different in different parts of the country, with different crop cycles and the level to which the farmworkers are involved in the research.

Researcher bias. Acknowledging and presenting researcher bias is another important aspect of qualitative research. Qualitative methods require that the researcher present his or her viewpoints from the outset. Providing this bias to the reader allows the research to be presented from a more transparent point of view. When conducting research with migrant farmworkers in regard to social justice issues, it seems imperative to present this point of view at the outset particularly since many researchers who have previously worked with migrant farmworkers have omitted this important factor.

Finally, as this is a music therapy study, it seems impossible to present a full report of the findings without providing any musical examples. While music could be presented in a quantitative fashion, presenting the qualitative aspects of the music and its functions within the context of music therapy would provide a richer point of view. Including these data also requires qualitative method of inquiry that quantitative data can not provide.

Reconciling the Differences Between Qualitative and Quantitative Research

Reconciling the differences between quantitative research and qualitative research is perhaps the most fundamental challenge mixed methods researchers face (Robson, 2011). On the surface there appear to be dichotomies that may be too opposing to combine. However, with careful selection of when and how each of these methods is employed, it is possible to gather and present more robust data than either one could provide independently.

In migrant farmworker research there is a disconnection between research that focuses

primarily on the experience of being a farmworker in qualitative studies (Perilla et al., 1998) and those that are more epidemiologically focused on gathering data on physical or mental health issues (Magaña & Hovey, 2002, 2003). While both of these forms of research are valid in gathering important information regarding farmworkers, it is not always possible to see how these various types of studies could inform one another, contradict one another, or show similarities in their findings. Research with farmworkers needs to focus on both the farmworker experience and the broader health issues they face.

This section will cover the ways in which the two will be reconciled and will also provide a discussion on ways in which each method has to be compromised for the two methods to be integrated. First, there is a need for both generalizability and specificity. Second, there is a need to compare this research to previous farmworker research, and simultaneously examine the experiences of this specific group. Finally, there is a need to balance both the hypothesis testing of music therapy's effects on farmworker mental health with the experiences that the farmworkers have while participating in this research.

As was stated previously should the findings from this research be favorable, it is necessary for them to be generalizable in order for other farmworker health program sites to be able to implement music therapy should the need arise. However, specificity in terms of the findings is also necessary to determine more robustly the farmworkers' experience in music therapy and in the research. How can findings be specific and generalizable at the same time? While at this stage of the research, this question remains uncertain, it is hoped that the knowledge gained will be able to show both of these aspects. For example, should music therapy be effective in reducing depression for this population, this finding is relevant to the larger farmworker population. At the same time, understanding a specific participant's experience in the music therapy sessions or in the music therapy research and how this

experience contributed to his own reduction in depression expands on the current understanding of music therapy. This is particularly true in regard to how music therapy is perceived by the farmworkers in terms of potential improvements in their mental health.

To continue with this same example of reducing depression, it is also necessary to compare these findings to earlier farmworker mental health studies. Baseline and posttest levels of depression in this population can be compared to earlier farmworker studies for a more robust comparison. However, simply being able to compare the levels of farmworker depression in this study to previous studies does not provide enough information. How the farmworkers deal with their depression or how they perceive the music therapy to be affecting their depression needs to be understood. Therefore, it is essential to gather qualitative data as well as quantitative data.

This chapter has emphasized that understanding the farmworker experience of mental health issues and how music therapy can alleviate these, as well as engaging in ethical research with the farmworkers are of the highest priority in this study. At the same time, hypothesis testing is also a high priority, since this study aims to determine what measurable effect music therapy has on farmworker mental health. These two research agendas are the most dichotomous. However, they present the most cogent rationale for combining quantitative and qualitative methods together. In order for these two agendas to co-exist within the same study, they must each be presented in sequential order. Keeping them separated will allow for both of them to influence the collection of data. The qualitative data will inform the hypotheses that are created and will then reflect on what answers were garnered from the data collected. The methods are cyclical. In this study hypothesis testing will play a dominant role, with the qualitative inquiry taking a more supportive role.

Combining an RCT with a transformative perspective. While combining an RCT

with qualitative research does not seem to be possible or appropriate in all situations, Nastasi et al. (2007) found that using this approach was best for understanding the effectiveness of mental health interventions with Sri Lankan youth. They used an RCT to measure the effectiveness of their intervention, while qualitative data were collected “for the purposes of formative evaluation, program monitoring and adaptation, and outcome evaluation” (p. 277).

Reconciliation between the two methods may compromise the validity and reliability of the research. When these two diverse methods interact with one another, it may be impossible for each to retain its validity. However, the following steps will be taken to insure that certain aspects of each method will be retained and used.

1. The CONSORT Statement (<http://www.consort-statement.org/consort-statement>) will be used to maintain all procedures and protocols of a randomized control trial (RCT) with respect to the collection of quantitative data.
2. Farmworkers will be asked for their input into the music therapy research at three specific time points across the stages of the research. These will be the following: (a) prior to beginning any data collection or intervention procedures, (b) at the end of Phase I prior to the start of Phase II, and (c) at the end of Phase II. Many of their suggestions and ideas will be implemented and reflected upon at each of these stages.
3. A music analysis will be incorporated as a way of gathering further information into the musical experiences of the farmworkers engaging in this research.

Where these methods may have to compromise will be in relation to how they each work with one another. For example, since the procedures and protocols defined by the CONSORT Statement will be utilized, it is unclear how information generated from the

interviews from the farmworkers will affect the experimental and comparison group procedures. Simultaneously, due to the stringent outlines given by the CONSORT statement, there may be suggestions and ideas that the farmworkers have that will not be feasible within the guidelines of conducting and reporting RCTs. As was mentioned earlier, since this is a primarily quantitative study, if an issue arises from the farmworkers that would in some way infringe upon the protocol of the RCT, the RCT will have to take precedence. However, every effort will be made to include the input of the farmworkers while maintaining the strict protocol of the RCT. Finally, if this study were strictly adhering to the principles of PAR, the participants would be involved in all stages of the research. Due to the nature of farmwork and the frequent migrations of the participants, it is not feasible to incorporate them into every stage of the process. Additionally, since this is an RCT, there are certain controls that must be maintained on the research protocol that simply can not be altered. These include random allocation, use of experimental and comparison groups, equal timelines of data collection procedures, and reporting of the results. However, the participants' experience within the research process is a vital piece of information this research sets out to determine, as it has not been previously included in farmworker mental health research or farmworker research at all. While this aspect of the current research may be more compromised, it will not be negated.

Additionally, the music analysis is relevant in determining what role music might play in the improvement of mental health issues for the farmworkers. The role of music in music therapy is essential to many aspects of the relationship between the therapist and participants. Understanding to the fullest extent possible, the role of music is one of the ways that this research is unique, especially in the context of farmworker mental health research. Incorporating the music into the research is a way of honoring the Mexican tradition of

creating beauty even in light of many hardships.

Researcher's Role

Given all of these challenges of combining quantitative and qualitative research in a meaningful way, the role of the researcher is crucial in maintaining certain aspects of each of the paradigms. Being a clinician-researcher makes it impossible to maintain objectivity when conducting research, even when the parameters of the RCT's require distance and detachment. Therefore, the protocols of the RCT must be maintained, but the researcher also must consider that care and genuine concern cannot be removed from the relationships that she has with the individuals in the comparison group. While this study does not follow all of the requirements set out by the transformative paradigm described by Mertens (2007), her discussion of the role of the researcher in mixed methods research focusing on social justice issues was particularly relevant given that the researcher in this study is also the music therapist. Mertens clearly outlined the responsibilities a researcher has when working in social justice. This section will explore these responsibilities as well as examine what the relationship between the participants and the researcher should look like.

Mertens (2007) stated,

The role of the researcher in this context is reframed as one who recognizes inequalities and injustices in society and strives to challenge the status quo, who is a bit of a provocateur with overtones of humility, and who possesses a shared sense of responsibility. (p. 212)

The aspects of this role that are particularly important are: (a) recognizing the inequalities and injustices in farmworkers' experiences, (b) provoking the current ways in which research is being conducted, while (c) maintaining humility. Many researchers have recognized the injustices in farmworkers' living and working conditions and have reported on these to

potentially improve access to health care, (Grzywacz, 2009). However, what is often missing is challenging the way that research is conducted with the farmworkers. Due to the large numbers of participants in these studies, individual or groups of farmworkers simply become statistics for the sake of having enough participants to satisfy power calculations. On the other hand in the qualitative research that describes farmworker experiences, there is a lack of generalizability, particularly due to the participants chosen. For example, Parra-Cordona et al. (2006) focused on mostly families of farmworkers, when demographics show that most farmworkers are men traveling solo (North Carolina Farmworker Institute, 2007). Finally, the need for humility is great when conducting research with this population. Humility should be shown in regard to how the knowledge from the farmworkers is disseminated and how the findings are presented. It is a privilege for the researcher to be allowed into their communities and to hear their stories. These stories are vulnerable treasures that need to be treated with care.

Where a disconnection may exist between the role of the researcher in this study and Mertens' (2007) definition of the role of the researcher is the notion of challenging the overall status quo for the farmworkers. Challenging the status quo of conducting research with this population is a matter that the researcher can provoke, but challenging the injustices that the farmworkers experience on their behalf is not possible to the extent that Mertens proposes. Some of the men in this area have spoken openly about labor organizers who have come to the area to help improve working conditions. While the men appreciate the knowledge the labor organizers bring, they continually fear repercussions they might experience if they were to fight for better labor standards. Instead, inspiring hope and sharing some of the responsibility for their experience as a person who benefits from their labor every time a tomato is eaten is the goal. Understanding human limitations as a researcher and music

therapist is a part of demonstrating humility.

Mertens (2007) also discussed the relationship between the researcher and the participants. In music therapy research where the researcher is the music therapist, it may be challenging to distinguish where the line between researcher and music therapist is. Does this line necessarily need to be drawn, and when does it shift and move? Regardless of this ambiguity, partnerships between the researcher and the participants should exist. In the case of this research, partnerships exist between the farmworker health care program, the farmworkers, and the researcher. Each stakeholder contributed uniquely to the research giving her or his expertise and perspective. Mertens advocated for continued partnership through all stages of the research.

Feilzer (2010) noted that mixed methods researchers are often guided by their desire to produce “socially useful knowledge” (p. 6). Her use of this phrase is a plain language statement of the pragmatism defined by Cresswell and Plano-Clark (2007). Using language such as this when engaging potential stakeholders and community members into research, particularly with farmworkers, allows communication to be clear. Using plain language does not eliminate the need to acknowledge the power differential between researchers and stakeholders. However, it is an attempt to begin to bridge that gap.

Mertens (2007) advocated for mixed methods research as a means for moving through a cyclical model of data collection and reflection. She concluded, “Methodologically, mixed methods are preferred for working toward increased social justice, because they allow for the qualitative dialogue needed throughout the research cycle, as well as the collection of quantitative data as appropriate” (p. 224). From this statement, it can be deduced that Mertens leans toward qualitative data; however, she clearly advocated for mixed methods. Additionally, when looking into intervention research, as is the case of the current study,

Nastasi, Hitchcock, Sarkar, Varjas, and Jayasena (2007) also advocated for mixed methods research. It allows for an integration of the context and culture of the group being studied, and also allows for a better assessment of interventions and in their case, instrument development. Further, their research focused on using qualitative data to reflect and modify the intervention.

Researcher Bias

Since I have worked with this population prior to this study, I have my own biases about how I hope the study will be conducted and implemented and how the results will be reflective of the method that I use. I feel that music therapy does have the potential to be a tool that can be used for change, not just personal change, but broader change in a community. It is my hope that this could be possible with this study. I also have biases against and for qualitative and quantitative research methods. I find that quantitative research methods are not actually conducted with living, breathing people, simply participants in a study. However, I find the lack of generalizability of qualitative research studies to be so limited that it seems like they are frivolous. I want studies to be practical and useful and to influence change.

Conclusion

Mixed methods research has the potential to provide a clear, full picture of the subjects being studied and aims to produce socially relevant data. Within the context of mixed methods research, quantitative methods allow for generalizability, replicability, and comparisons across studies. Qualitative methods provide a deeper understanding of the situation. Combining these two methods into one study is possible. However it does present many challenges that the researcher must consider, particularly in regards to reconciling the difference between hypothesis testing and allowing the data to emerge. However, if careful

compromises are made between the methods, merging these two paradigms is possible. This careful compromise must be managed delicately by the researcher, particularly when social justice issues are being examined.

Chapter 4: Introduction to this Study

Introduction and Explanation of the Study

The purpose of this research is to explore the effects of one type of culturally appropriate intervention on Mexican farmworker mental health. In addition, this research aims to identify music that is meaningful to the migrant farmworkers. Finally, it aims to determine how the farmworkers engage in the research and how they would describe their relationship with the music therapist.

The approach of this research was inspired by participatory action research (PAR) using a sequential transformative design as described by Hanson et al. (2005). However, as it was combined with a randomized control trial, it could not completely match the definition of PAR as described by Koch and Kralik (2006). In the case of this mixed-methods study, the farmworkers were involved in two distinct phases of the research, each of which has both qualitative and quantitative aspects.

During Phase I, the researcher solicited advice and feedback from farmworkers about the initial design and procedure of the study. After the completion of the intervention period, the participants provided additional feedback that led to the development of Phase II. Also between Phase I and Phase II, participants from one of the control camps who had been involved in a serious car accident participated in a songwriting based bereavement group. As each of these steps in the method utilized different participants and a different procedure, the phases will be described in terms of their approaches and results in separate sections.

Research Questions

Question One

Will the application of music therapy significantly reduce levels of anxiety, depression, farmworker stress, perceived stress, social isolation, and alcohol use and increase

self-efficacy among migrant farmworkers?

Sub question 1. To what extent will the effects of the therapeutic music sessions have a lasting effect on levels of anxiety, depression, farmworker stress, perceived stress, social isolation, alcohol use, and self-efficacy after the formal sessions are over?

Sub question 2. How frequently do the migrant farmworkers make music together in between sessions and how does this affect the degree of change in levels of anxiety, depression, farmworker stress, perceived stress, social isolation, and alcohol consumption?

Question Two

What type of music will emerge from these sessions and what will the music mean to the participants?

Question Three

How will the migrant farmworkers participate in the music therapy research?

Sub question 1. How will they evaluate their relationship with the researcher?

Notes on Language Used Within the Study

Farmworker. This term has been used by health workers and advocates working with this population. For the context of this study, the term farmworker will identify individuals coming from Mexico to work in the United States in agriculture. A farmworker may work in one area for a set amount of time, or the farmworker may migrate throughout different areas to obtain work. The label “migrant farmworker” typically refers to an individual who migrates throughout an agricultural growing season to obtain work.

Researcher/Music therapist. It is necessary to refer to the music therapist and researcher in this study. These terms are used interchangeably depending on the role the researcher was in at the time of the description. For example, when referring to research protocol, the term researcher will be used. When referring to clinical practice, the term music

therapist will be used. Occasionally it is necessary to use both terms, in which case researcher/music therapist will be used. The rationale for using all of these various terms is to highlight the complexity of being both the music therapist and the researcher.

Research staff. Research staff refers to the research assistants who were used throughout both phases of the study. Occasionally the music therapist is part of the research staff, again depending on the role needed.

Spanish language terms. Certain Spanish-language terms are used in this study. These will be defined whenever they are initially used within each chapter.

Control or comparison condition. In the first phase of this research the phrase *control condition* (stress education) will be used to define the condition that did not receive an active intervention. In the second phase of the research, the phrase *comparison condition* will be used to describe the condition that received music-listening CD's and a stress education intervention. The distinction is made between these two types of conditions based on the level of interactions and interventions used with each group.

A Note on Ethics

Each stage of this research was granted ethical approval by Appalachian State University's Institutional Review Board. In addition, Wake Forest University's School of Medicine Institutional Review board reviewed and approved the quantitative aspects of Phase I, as this study was a collaboration with researchers at that institution.

Chapter 5: Phase I Method

Introduction to Phase I

Prior to the start of Phase I, the researcher and the farmworker health care director identified farmworker camps where men had been previously been vocal about their experience as farmworkers. These camps had offered suggestions and ideas to improve farmworker health care and had been open to collaborating with the farmworker health program on previous projects. Five targeted camps were visited informally by the researcher and the farmworker health care provider to receive their feedback on ideas for mental health interventions. The men in these camps were asked, “What would improve your life here in the United States?” During these visits it was discovered that the top three ways for improvement were the following: (a) to learn English, (b) to increase their interactions with local community members, and (c) to decrease stress. When asked what activities they would be willing to participate in to improve their own lives they stated (a) participation in music-based activities, (b) participation in stress reduction education, and (c) participation in cultural exchange activities. Even with the selection of these three activities, the farmworkers said that they would be willing to participate in any activities. They were willing to engage with others in any way that might improve their lives. While these visits were quite informal compared to the rest of the research protocol, the conversations with the farmworkers provided a background for determining the potential interventions for the first phase of the research. Although their input was minimal at this stage of the research, their opinions and ideas were taken into consideration in the overall research process.

Part A: Quantitative Method

Participants

Across the state of North Carolina, 69 participants initially agreed to participate in the

study. From pretest to posttest one control camp ($n = 7$) migrated to another area and no posttest data were collected for them. An ESL camp ($n = 3$) dropped out of the study due to work schedules. An additional 5 participants left the study due to work schedules or dropout. A total of 22% of participants were lost from pretest to posttest. This resulted in 55 participants in the study: 21 in the music therapy condition, 24 in ESL condition, and 10 in the control condition. In addition, the week prior to posttest, one of the control camps ($n = 5$) in the Western part of the state was in a serious van accident and two members of their camp died as a result of the accident. The men who died were friends with many of the men in other camps in the Western part of the state, since they came from the same area of Mexico.

Participants reported to be at least 18 years of age. All 69 participants were male and 79% ($n = 55$) were unmarried. Half of the farmworkers ($n = 35$) had 6 or less years of education and only 25% ($n = 15$) spoke English. The majority of the farmworkers ($n = 49$) held H2A documentation to live and work in the United States and had been in the United States as an agricultural worker for 8 or more years ($n = 30$).

The majority ($n = 39$) lived in the Eastern part of the state. Of these 69 participants, 70% ($n = 49$) reported having a visa to work in the United States, while only 4 reported not having a visa. An additional 16 participants did not know or did not want to report their current visa status. Visa status was not significantly different between Eastern and Western camps $F(1,67) = 1.332, p = .252$. The mean number of years the farmworkers had worked in the United States was 12.19 ($SD = 8.90$). The number of years of education ranged from 0 to 14 years with a mean of 6.84 ($SD = 3.25$). Of the 69 participants, 36 or 52% of the farmworkers indicated poor economic security as evidenced by reporting that they had paid for bills rather than purchasing food.

The participants lived in camps with at least 5 other individuals, with some of these

camps reaching to around 30 individuals. The camps were located in six counties in North Carolina, 3 in the Eastern part of the state, and 3 in the Western part of the state.

Farmworkers at these camps worked in a variety of agriculture with those in the West working on Christmas tree farms and those in the East working primarily in tobacco. The farmworkers worked between 40 and 60 hours per week depending on the season.

Sampling and Recruitment

Twelve farmworker camps were originally selected for participation in the intervention study; six camps in east-central region of the state (Harnett, Johnston, and Sampson counties) and six camps in the Western region of the state (Watauga, Avery, and Caldwell counties). Camps were identified using existing lists used for ongoing farmworker outreach and research projects. Camps were purposefully selected based on size (i.e., minimum of six farmworkers residing in the camp) to ensure each camp would have adequate number of participants to support a group activity, and to ensure a mixture of H2A and non-H2A workers.

Camp Allocation

An intervention was randomly assigned to each of the 12 camps selected for participation by the farmworker health program staff. Randomization was carried out with a random number generator. Randomization was completed by location in the state so that 2 camps in each location would receive each of the three treatment conditions.

Measures

The following measures were used for pre and posttest data. They can be found in *Appendix B*.

Center for Epidemiological Studies-Depression Scale (CES-D) Short Form. This 10-item scale is a self-report inventory that measures depressive symptomology was an

adaptation taken from Radloff (1977). Participants rate each item on a 4-point scale, 0 (*rarely, or never (less than one day)*) to 3 (*always (5-7 days)*), and total scores range from 0 to 30.

Higher scores indicate a greater degree of depressive symptomatology. Scores greater than 8 indicate that the participant may be experiencing depression. Magaña and Hovey (2003) and Finch, Frank, and Vega (2004) used the *CES-D* scale with Latino(a) participants and migrant farmworkers. The Cronbach alpha measuring internal consistency for the Magaña and Hovey (2003) study was .80. Hovey (2000) and Alderate et al., (1999) reported high construct validity among Mexican Americans. Grzywacz, Hovey, Seligman, Arcury, and Quandt (2006) evaluated the effectiveness of the scale with Mexican migrant farmworkers and found it to be a reliable measure for depression.

Beck Anxiety Inventory (BAI). The BAI, (Beck, 1990) is a 21-item self-report inventory that measures the physiological symptoms associated with anxiety. Participants rate each item on a 4-point scale, 0 (*not at all*) to 3 (*severely (I could barely stand it)*). Scores can range from 0 to 63. Scores less than 7 indicate minimal or no anxiety. Scores from 8 to 15 indicate a mild level of anxiety. Scores from 16-25 indicate a moderate level of anxiety, and scores above 25 indicate severe anxiety. Magán, Sanz, García-Vera (2008) found the Spanish-language version of the BAI to be consistent with those found in other countries. Novy, Stanley, Averill, and Daza (2001) found that the Spanish language version of the BAI maintained the reliability and validity of the English language version in the general Hispanic population of the United States who spoke Spanish at home. While this measurement has not been specifically used in studies with migrant farmworkers, health programs for migrant farmworkers have requested its use, as the language in the BAI is consistent with the language that farmworkers use when visiting health clinics with these conditions (e.g., difficulty breathing, feelings of choking, heart pounding or racing).

Social Isolation. The social isolation scale (Diaz et al. 2001) is a Spanish-language, 7-item self-report scale. Five of the items are rated on a 4-point scale from 0 (*never*) to 3 (*many times*), and the other three items are rated on a 4-point scale from 0 (*definitely yes*) to 3 (*definitely no*). Higher scores on the social isolation reflect more social isolation. Diaz et al., (2001) found that this scale had an internal reliability Cronbach alpha of .77. This scale has been used primarily with gay and bisexual Latino men (Diaz et al., 2001; Organista & Kubo, 2005; Ramirez-Valles et al., 2005). Four additional items were added to determine the farmworkers' specific experiences in North Carolina (Grzywaycz, 2009). These four items were rated on a scale from 1 (strongly disagree) to 4 (strongly agree).

Generalized Perceived Self Efficacy Scale (GSE). The GSE, developed by Jerusalem and Schwarzer (1992) measures perceived levels of self efficacy. It is a 10-item test and participants rate each item on a 4-point scale (*not true at all* to *exactly true*). A higher score indicates a greater level of perceived self-efficacy. Padilla et al. (2006) used the Spanish translation of this test to compare participants from Spain and Mexico to determine that the test was appropriate for the general Mexican population.

Migrant Farmworker Stress Inventory (MFWSI) Short Form. The MFWSI (Hovey, Magaña, & Booker, 2001) is a 17-item self-report instrument measuring stress levels associated with the migrant farmworker lifestyle. Participants rate each item from 0 (*have not experienced*) to 4 (*extremely stressful*). Caseness is reached with a score of 40. Hovey et al. found that significant correlations were found between the MFWSI and high levels of depression (CES-D) and hopelessness (Beck Hopelessness Inventory). Hiott et al. (2008) also found that correlations between high levels of stress according to the MFWSI and depression, anxiety, and alcohol consumption.

CAGE. A 4-item self-report alcohol misuse test, the CAGE, was used to measure

alcohol abuse. *CAGE* is an acronym of the main points of the 4-items (*cut down, annoyed, guilty, and eye opener*). Participants rate each item with a yes (1) or no (0) answer. Clinical significance is indicated with scores greater than 1. The *CAGE* has been used in studies with farmworkers in North Carolina (Grzywacz et al., 2007) to measure alcohol misuse. In addition the amount of alcohol typically consumed, and frequency of consuming five or more drinks in a single setting was also assessed.

Perceived Stress Scale (PSS). The PSS is a 10-item self-report instrument that measures perceived levels of stress (Cohen, Kamarck, & Mermelstein, 1983). Participants rate each item from 0 (*never*) to 4 (*very often*). Higher scores indicate higher levels of perceived stress. González Ramírez and René Landero Hernández (2007) found an internal consistency of .83 with the general Mexican population.

Procedure

Consent

Three different Spanish-language consent forms were used, one for the music therapy condition, one for the ESL condition, and one for the control condition (See Appendix A). Each of the consent forms outlined precisely what was expected of the participants if they chose to be involved with the study. The participants were each handed a copy of the consent form, while research staff explained the various components, highlighting voluntary participation and anonymity. During this time, potential participants asked any questions regarding their participation and involvement in the study. Each participant was given a number by which all of their data would be coded. None of their data was stored with their names or camp locations to insure anonymity.

Data Collection

Following random assignment of farmworker camps to study groups, trained

interviewers were sent to each camp. The population of each camp was enumerated and all residents were invited to participate in the study. All data were collected through interviewer-administered survey questionnaires conducted in Spanish. All interviewers were fluent Spanish speakers. Interviewers participated in a six-hour training session, and each completed practice interviews before being approved to conduct study interviews.

Interviewers worked in teams conducting one-on-one interviews with all residents in the camp interested in participating in the study. Interviews typically occurred in the evenings or on weekends. No incentive was provided to participants. Procedures for recruitment, data collection, and interventions were approved by two separate Institutional Review Boards.

Music Therapy Condition

Participants assigned to the music therapy intervention participated in six, weekly sessions. Each group music therapy session was led by the music therapist/researcher. All music therapy sessions were facilitated by the same music therapist for camps in both parts of the state. Sessions were conducted in Spanish, held at the farmworker camp, and lasted approximately 1.5 hours.

Music therapy sessions consisted of the following main elements: (a) an opening check-in which allows participants to share with the group how they are feeling and any events (contact with family, working conditions, housing situations) which might have contributed to their affect, (b) instrument instruction during which time participants learned chords, strumming patterns, and accompanying patterns on guitar, keyboard, and percussion instruments using Mexican popular songs, (c) a more in-depth experience which included structured song writing, lyric analysis, music improvisation, or music-assisted relaxation techniques, (d) a closing experience which involved reviewing chords learned during the session, bringing closure to any issues which might have arisen during the more in-depth

experience, collecting suggestions for using music during the week when stressful events arise, and providing an opportunity for the participants to help select experiences for the following session. A resource manual found in the Introduction was used for each session.

Participants provided direction and collaborated with the music therapist in three ways. First, as a group they determined which songs were preferred and which were the most motivating for them to learn. They were also responsible for choosing how they each participated musically through learning to play the guitar, the keyboard, or percussion instruments. Finally, over the course of the sessions, they determined which experiences (song writing, lyric analysis, improvisation, and relaxation) were the most beneficial. Providing an opportunity for the migrant farmworkers to determine aspects of the sessions allowed a place for dignity (*dignidad*), respect (*respeto*), and personalism (*personalismo*), session attributes that provided culturally appropriate music therapy sessions with this population (Andrés-Hyman et al., 2006).

English as Second Language (ESL) Condition

Subjects assigned to the ESL intervention participated in six, weekly group sessions over the period of two months. Each group ESL session was led by a trained project staff member who was familiar with the migrant farmworker population. Sessions were conducted in Spanish, held at the farmworker camp, and lasted approximately 1.5 hours.

The ESL group sessions were relatively informal, with each session consisting of four primary elements. The first element is the opening and check-in. This was an opportunity for the leader to interact with participants while waiting for others to arrive. The second element was a brief review of previously covered material. This provided participants the opportunity to ask questions from the previous lesson, and provided a forum for group learning. The third element was the introduction of new content, including opportunities to

practice with each other. The final element involved going over expectations for the next week.

The six-week curriculum covered 5 primary targets. The first session focused primarily on introductions, and on learning basic information like address and telephone number. This was driven primarily by the fact that many 911 call centers in the study county areas did not have Spanish translators. Therefore, it was essential that individuals learn the basic English necessary in an emergency situation. The second session expanded on the address and telephone number lesson by focusing on participants' ability to recite the addresses and telephone numbers of locations frequented by participants. The third session focused on polite phrases and telling time. The primary goal was to be able to express basic needs (I feel sad, I feel hungry) and to be able to tell time in English. The fourth session focused on common foods and basic elements of shopping. The goal was to enable participants to order food at a restaurant, or ask for help in a local grocery store. The fifth lesson focused on body parts and illnesses. The primary goal was to improve participants' ability to convey how they are feeling to a health care provider. The sixth and final session involved an interaction with community service personnel such as an ambulance driver, police officer or fire fighter. The goal was to assist participants in conveying needed information in an emergency situation.

Control Condition

Participants in the comparison group were engaged in a 20-minute educational experience outlining culturally-appropriate methods for dealing with stress (See Appendix C) . In addition, CD's of relaxing guitar music were left for them to use as a part of the stress-education handout. They were given instruction to listen to the music if they were experiencing stress.

Part B: Qualitative Method

Focus group interviews were conducted to determine the farmworkers' experience with the research as pertaining to the third research question. These focus group interviews were intended to determine if certain aspects of PAR were met throughout the course of the farmworkers' experience in the research study. These attributes as defined by Koch and Kralik (2006) included relationships, communication, collaboration, and inclusion.

In addition to determining if aspects of PAR were included in the research, the intention of the focus group interviews was to provide the researcher with overall feedback regarding specific aspects of the research and to garner additional information as to the farmworkers' experience in the music therapy sessions or being a part of the control group. It was important to understand more in-depth about how the farmworkers felt about being a part of the research.

Participants

Music Therapy Condition. Three male farmworkers from one of the music therapy groups who participated in Phase I agreed to participate in a focus group interview. These three men were all from the same village in Michoacán, Mexico and had been coming to the United States to work for many years. Two of the men were a father and son pair. Each participant was given a number by which he was referred to during the interview to protect his anonymity.

Control Group Condition. Seven male, migrant farmworkers from one of the comparison groups who participated in Phase I also agreed to participate in the focus group interview. The men were from various areas in Mexico and had been coming to the United States to work for the past few years. Each participant was given a number by which he was referred to during the interview to protect his anonymity.

Setting

The interviews were held at the homes of the migrant farmworkers in the evening after work. The interviews were recorded with participant consent with an iPod® with attached microphone.

Interviewers

The interviewers consisted of a bilingual intern who conducted the interview and the director of the Appalachian Regional Healthcare System Farmworker Health Program. Both had been trained in research ethics prior to administering the interview. Both interviewers had already established rapport and trust with both of the camps being interviewed. The interviews were transcribed by the interviewer in Spanish and then translated to English. The interviewer placed any ellipses, parentheses, or small explanations in the transcription to indicate areas that might not have been as clear in the recording to show further explanation to the interview process for the researcher's benefit. Examples of these include: (a) laughter, (b) indicating to others or (c) asking himself. The second interviewer, the director of the healthcare program read the interviews for translation accuracy.

Procedure

Camp Selection. The camps selected to participate in the focus group interviews were randomly selected by the staff with the Farmworker Health Program. The staff with the Farmworker Health Program made arrangements with each camp to determine interview time.

Music Therapy. The interview lasted for an 1 hour and 16 minutes. It was transcribed in Spanish by the intern and then translated into English. The analysis of the interview was conducted from the English translation. See Appendix D for a full transcript of the interview.

Control Group. The interview lasted for 30 minutes. It was transcribed in Spanish by

the intern, and then translated into English. The analysis of the interview was conducted from the English translation. See Appendix E for a full transcript of the interview.

ESL Group. Due to practicalities and time associated with the focus group interviews, there was not sufficient time to interview the ESL groups after posttest. Additionally, due to funding, it was clear that ESL would not be provided in the next phase of the research. While it would have been beneficial to interview one of the ESL groups, there was simply not enough resources to make this possible.

Interview Guide and Research Decisions

The interviewers incorporated an interview guide as designed by the researcher to insure that certain issues related to the research and to the influence of participatory action research were included. The primary interviewer was chosen by the researcher because he had strong bilingual language skills, had established rapport with the farmworkers, and had been used by other researchers in previous studies to conduct and transcribe interviews in Spanish. However, even with these qualities his limited experience with interviewing defined him as Kvale and Brinkmann (2009) noted, “semiskilled labor” (p. 85). Therefore he was provided with direct questions developed by the researcher to use during the interview. Additionally, the ethics review required that the questions be spelled out specifically in the ethics application to insure participant safety.

The researcher made the active choice not to conduct the interviews herself as she wanted to insure that the farmworkers felt free to express their opinions and ideas as transparently as possible. The researcher would have been able to provide perhaps a more open-ended framework while still maintaining ethical guidelines, however, obtaining the farmworkers’s perspective with as little interference from the researcher as possible was preferred.

Thematic Analysis

The focus group interview was analyzed according to recommendations by Kvale and Brinkmann (2009) using both open coding and concept coding. The interviews were read multiple times to obtain an overall sense and meaning. The researcher read through the interviews again and circled with colored pencils to label codes. Concept coding was used in order to evaluate participatory action research's influence on the overall research process. The specific concepts, as defined by Koch and Kralik (2006) included: relationships, communication, collaboration, and inclusion. Open coding was also used as the researcher wanted to look for any additional components in the interview that could inform the design and implementation of the next phase of the research. These are presented in full in the next chapter. However, to illustrate the difference between concept coding and open coding, an example of open coding included: a) challenges to learning, b) learning a new skill, c) foundation for learning, and d) setting individual goals. These four codes were then grouped together into a category centered around education and learning.

The following excerpt displays both an example of open coding and concept coding. It begins with a question designed to elicit responses in regard to inclusion as an aspect of participatory action research (concept coding). The underlined portion of Participant 2's response was in regard to the question asked. However, the rest of his response shows more than inclusion and was considered to be more along the lines of open coding than relating to the concept. It provides more information for future research in terms of the length of the intervention (italicized portion). The final sentence of the response was labeled in regard to the music therapy interventions and could be considered to be labeled as an indication of his relationship with the music therapist.

Interviewer: Are there specific examples of times when she tried to include all of you?

Participant 2: She was interested in us, she truly supported us. It's too bad it's over and it was only a few days, isn't it? If it hadn't been, we'd be good musicians. In a short time she gave us a good guide.

Similarly, Kvale and Brinkmann's (2009) notions of context of interpretation and communities of validation could be applied to this same excerpt. For example, the first sentence in the participant's response relates to the theory of participatory action research, so would be considered a theoretical understanding. The second line of the quote indicates that the participant has a self-understanding of the situation, and the third line demonstrates the second level, or a "critical commonsense understanding" (p. 214).

The data were reread and the various descriptors were grouped into more clearly defined categories as shown above with the education and learning example. The researcher then created multiple drawings and models of her interpretation and understanding of the interviews. This method was chosen instead of a reflexive journal in order to gain a sense of the whole.

Member Checking

Due to the timing of the interviews, it was not possible to check with the participants after the interview had been analyzed to determine the accuracy of the interpretation. At the time of the interview analysis, many of the farmworkers had returned home to Mexico for their three-month break.

Conclusion

This chapter has outlined the methodological procedures for data collection and implementation of the experimental and control conditions in both the quantitative and qualitative components of the first phase of the research. The next two chapters will present

Schwantes

the results of this phase of the research.

Chapter 6: Phase I Results

Quantitative Results

This section discusses the results of the first Phase of the research. The purpose of this phase was to determine if music therapy significantly affected farmworkers' levels of anxiety, depression, self-efficacy, social isolation, alcohol consumption, migrant farmworker stress, and perceived stress.

Comparisons Between Eastern and Western Camps

Since part of the purpose of Phase 1 was to determine feasibility for running a second study utilizing camps from both Eastern and Western parts of the state, comparisons were made to determine if there were any significant differences between camps in Eastern North Carolina and in Western North Carolina. A one-way analysis of variance (ANOVA) was performed on pretest measures of each of the dependent variables by the participants' camp location (Eastern or Western). Pearson's correlation coefficients were calculated for all parametric data and Spearman's correlation coefficients were calculated for all non-parametric data. Means and standard deviations for all variables are show in Table 1.

MFWSI. An ANOVA showed there was a significant difference between the participants in the Eastern and Western parts of the state at pretest. An examination of Table 1 revealed that farmworkers in the Eastern part of the state reported higher levels of stress than those in the West.

CES-D. An ANOVA showed there was a significant difference between the participants in the Eastern and Western parts of the state. Means reported in Table 1 showed that those in the Eastern part of the state reported higher levels of depression than those in the West.

GSE. A square-root transformation was performed on the *GSE* scores to correct a

violation of the assumption of homogeneity of variance. An ANOVA on the transformed scores showed there was a significant difference between the participants in the Eastern and Western parts of the state. An examination of non-transformed means (see Table 1) showed that farmworkers in the Western part of the state had higher levels of self-efficacy than those in the East.

ANOVA's showed there was no significant difference on *Social Isolation*, *PSS*, *BAI*, or *CAGE* for participants in the Eastern and Western parts of the state. Means and standard deviations are reported in Table 1.

Table 1. Pretest Means by Region

	<u>Eastern NC (<i>n</i> = 39)</u>		<u>Western NC (<i>n</i> = 30)</u>			
Measure	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	F (1, 67)	<i>p</i>
MFWSI	63.34	23.53	50.40	19.96	5.78	.02
CES-D	17.67	6.85	14.34	4.92	4.93	.30
GSE	5.35	0.37	5.68	0.47	10.56	.00
Social	31.50	3.79	32.64	4.08	2.15	.13
PSS	19.64	4.97	20.47	5.43	0.43	.51
BAI	32.36	8.10	30.80	8.02	0.64	.43
CAGE	1.97	1.37	1.43	1.33	2.72	.10

Note: MFWSI = Migrant Farmworker Stress Inventory, CES-D = Center for Epidemiological Studies Depression Scale, GSE = Generalized Self-Efficacy Scale, Social = Social Isolation Scale, PSS = Perceived Stress Scale, BAI = Beck Anxiety Inventory

Potential Predictor Variables of Migrant Farmworker Stress, Depression, and Self-Efficacy

Correlation coefficients were computed to examine the relationship between potential predictor variables and dependent variables. A Pearson's correlation coefficient revealed that the number of years of education had a significant, negative correlation with both level of depression and farmworker stress (see Table 2). Spearman correlations were computed for the discrete variables of economic security and H2A Visa status. Lack of economic security was significantly and positively correlated with higher depression scores. However, H2A visa status was not significantly correlated with depression scores. Self-efficacy scores were not significantly correlated with higher levels of education, H2A visa status, or economic security (see Table 2).

Table 2. *Potential Predictor Variables*

	<u>Economic Security</u>		<u>H2A Visa Status</u>		<u>Education</u>	
Measure	<i>rho</i>	<i>p</i>	<i>rho</i>	<i>p</i>	<i>r</i>	<i>p</i>
MFWSI	.33	.01*	-.09	.53	-.44	.00*
CES-D	.33	.01*	.03	.81	-.38	.00*
GSE	.19	.19	-.10	.42	.02	.86

* $p < .01$

Note: MFWSI = Migrant Farmworker Stress Inventory, CES-D = Center for Epidemiological Studies Depression Scale, GSE = Generalized Self-Efficacy Scale

Comparisons Between Conditions at Pretest Based on Camp Location

There were significant differences between participants in the Eastern part of the state with participants in the Western part of the state. Due to these differences pre and posttest analyses were run based on camp location.

Eastern North Carolina. Pretest means were compared between conditions for

participants in the Eastern camps (Please see Table 3). ANOVAs revealed that there were no significant differences at pretest for group means on the GSE, PSS, CES-D, MFWSI, CAGE, and Social Isolation measures. However, the mean scores on the BAI were significantly different by condition. Tukey's post hoc analysis determined this difference was between the control and ESL conditions; the mean BAI score for the music therapy condition was not significantly different from that of either the ESL or control condition.

Table 3. *Means and Standard Deviations for Pretest Dependent Variables for Groups in the Eastern North Carolina*

	<u>Music Therapy (n =13)</u>		<u>ESL(n =15)</u>		<u>Control (n =2)</u>			
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	$F_{(2, 27)}$	p
GSE	28.38	4.13	34.13	21.96	27.50	2.12	.50	.61
PSS	20.69	3.43	18.20	6.38	23.00	1.41	1.29	.29
CES-D	8.92	5.02	7.93	2.46	13.00	4.24	1.55	.23
MFWSI	25.31	13.54	22.53	10.23	36.00	5.66	1.21	.32
CAGE	2.23	1.24	1.47	1.36	2.00	1.41	1.21	.31
BAI	32.08	6.14	27.60	3.94	41.50	9.19	6.15	.01
Social	32.85	4.45	30.00	2.54	34.00	4.24	2.73	.08

Note: GSE = Generalized Self Efficacy, PSS = Perceived Stress Scale, CES-D = Center for Epidemiological Studies Depression Scale, MFWSI = Migrant Farmworker Stress Inventory, CAGE = Alcohol Measure, BAI = Beck Anxiety Inventory

Western North Carolina. Pretest means and standard deviations for dependent variables are reported in Table 4. Pretest means were compared among conditions for participants in the Western camps. ANOVAs revealed that there were no significant

differences among groups at pretest for the GSE, PSS, CES-D, MFWSI, BAI, and Social Isolation. There were significant differences among groups for the CAGE. Tukey's post hoc analysis determined this difference was between the music therapy and ESL conditions; there was no significant difference on CAGE scores at pretest between music therapy and control groups.

Table 4. Means and Standard Deviations for Pretest Dependent Variables for Groups in the Western North Carolina

Variable	<u>Music Therapy (n = 8)</u>		<u>ESL (n = 9)</u>		<u>Control (n = 8)</u>		$F_{(2,22)}$	p
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
GSE	30.38	5.32	33.33	5.45	29.88	5.33	1.05	.37
PSS	19.75	5.26	21.56	5.98	19.50	4.07	.40	.67
CES-D	9.00	5.01	8.89	4.78	6.13	2.59	1.16	.33
MFWSI	25.13	10.91	20.11	8.64	18.38	8.12	1.15	.36
CAGE	.63	1.41	2.11	1.05	1.38	1.06	3.36	.05
BAI	31.25	7.72	31.67	7.11	32.13	10.78	.35	.70
Social	30.38	2.62	33.22	4.41	34.25	4.33	1.05	.14

Note: GSE = Generalized Self Efficacy, PSS = Perceived Stress Scale, CES-D = Center for Epidemiological Studies Depression Scale, MFWSI = Migrant Farmworker Stress Inventory, CAGE = Alcohol Measure, BAI = Beck Anxiety Inventory

Posttest Comparisons

Due to the significant differences between the Eastern and Western parts of the state, data were split by camp location to analyze effects of the treatment conditions on the dependent variables. Repeated-measures ANOVAs using time point (pretest and posttest) as

the within-groups variable and condition as the between-groups variable was used to analyze data from each location.

Eastern North Carolina Camp Results

Generalized Self-Efficacy. There was no significant difference based on condition for self-efficacy at posttest. See Table 5 for means and standard deviations by group.

Center for Epidemiological Studies Depression Scale. There was a significant difference among groups at posttest for the CES-D. See Table 5 for posttest means and standard deviations by group. Tukey's post hoc analysis determined that participants in both the ESL and music therapy conditions were significantly different from the control condition on CES-D. However, the music therapy and ESL conditions were not significantly different from one another.

Migrant Farmworker Stress Inventory. There was a significant difference among groups at posttest for the MWFSI. See Table 5 for means and standard deviations by group. Tukey's post hoc analysis determined that participants in both the ESL and music therapy conditions reported significantly different scores from pretest on the MFWSI while those in the control condition did not. However, the music therapy and ESL conditions were not significantly different from one another on MWFSI at posttest.

CAGE. There was a significant difference among groups at posttest for the CAGE. Posttest results were affected by the significant difference presented at pretest. A UNIANOVA with Sidak adjustments found that mean CAGE score for the ESL condition was different than that of the control condition. See Table 5 for means and standard deviations by group. Ryan-Einot-Gabriel-Welsch Range post hoc analysis determined that the difference was between the music therapy and ESL conditions. The mean score for music therapy group was higher than that of both the ESL and control groups.

Beck Anxiety Inventory. There was a significant difference among groups at posttest for the BAI. However, pretest differences did not affect posttest results ($F = .48, p = .63$). See Table 5 for pretest means and standard deviations by condition. See Table 5 for means and standard deviations by group. Tukey's post hoc analysis determined that the ESL condition was significantly lower from pretest on the BAI when compared to the music therapy or control conditions.

Perceived Stress Scale. There was a significant difference among groups at posttest for the PSS. See Table 5 for posttest means and standard deviations by group. Tukey's post hoc analysis determined that the ESL condition was different than that of in the music therapy or control conditions.

Social Isolation. There was a significant difference among groups at posttest for the Social Isolation. See Table 5 for posttest means and standard deviations by group. Tukey's post hoc analysis determined that the ESL condition was different than that of in the music therapy or control conditions.

Table 5. Means and Standard Deviations for Posttest Dependent Variables for Groups in the Eastern North Carolina

	<u>Music Therapy</u>		<u>ESL</u>		<u>Control</u>			
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<i>F</i> (2, 27)	<i>p</i>
GSE	30.46	4.50	27.33	6.88	30.50	13.44	.09	.91
PSS	19.31	2.53	17.07	5.13	27.00	14.14	3.45	.05
CESD	11.69	3.45	8.47	4.47	19.00	7.07	5.62	.01
MFWSI	26.46	9.00	23.87	10.00	52.50	16.26	4.25	.03
CAGE	3.08	1.71	1.20	1.52	1.00	1.41	5.04	.01
BAI	32.38	7.57	28.53	5.28	46.00	21.21	6.0	.01
Social	33.69	3.04	30.73	2.52	39.50	6.36	3.92	.01

Note: GSE = Generalized Self Efficacy, PSS = Perceived Stress Scale, CESD = Center for Epidemiological Studies Depression Scale, MFWSI = Migrant Farmworker Stress Inventory, CAGE = Alcohol Measure, BAI = Beck Anxiety Inventory

Western North Carolina Camp Results

ANOVAs showed that there was no significant difference among groups at posttest for the PSS, CES-D, GSE, MFWSI, CAGE, BAI, or Social Isolation. See Table 6 for posttest means, standard deviations, and *F*-values.

Table 6. Means and Standard Deviations for Posttest Dependent Variables for Groups in the Western North Carolina

Variable	<u>Music Therapy</u>		<u>ESL</u>		<u>Control</u>		<i>F</i> (2, 22)	<i>p</i>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
PSS	21.29	4.61	17.00	4.64	22.13	3.09	1.10	.35
CESD	7.88	2.64	8.00	3.50	8.13	4.85	.49	.62
GSE	27.88	9.03	29.89	6.03	27.00	2.62	1.62	.22
MFWSI	18.00	5.60	15.78	6.42	18.88	8.46	.40	.68
CAGE	.88	1.46	.67	.87	1.88	1.36	1.38	.27
BAI	31.25	8.63	27.11	5.84	34.00	10.16	.975	.39
Social	30.63	1.85	31.78	3.67	30.50	2.93	1.34	.28

Note: PSS = Perceived Stress Scale, CESD = Center for Epidemiological Studies

Depression Scale, GSE = Generalized Self Efficacy, MFWSI = Migrant Farmworker Stress

Inventory, CAGE = Alcohol Measure, BAI = Beck Anxiety Inventory, Social = Social

Isolation Measure

Qualitative Findings- Focus Group Interviews

The findings from the focus group interviews will be presented first, in terms of the groups individually (music therapy and control groups respectively) and then categories that occurred in both interviews will be addressed in a third section.

Music Therapy Group Findings

The main category presented from the findings in the focus group interview were: education and learning, music, the music therapy sessions, and finally participatory action

research.

Education and Learning

Four codes emerged from the interview that centered around the category education and learning. These categories were not directly asked in the interview, but the farmworkers frequently touched on these two areas throughout the dialogue. The four codes were: a) challenges to learning, b) learning a new skill, c) foundation for learning, and d) setting individual goals.

Challenges to learning. The men all discussed the aspect of learning and how it was sometimes difficult to learn a new skill, in their cases the guitar, but they also revealed that learning to play and sing was interesting. When they first started participating in music therapy sessions, they originally thought it was going to be very easy and not so difficult. Participant 2 stated, “[It was] somewhat difficult because of practicing and that sort of thing. It’s obvious that we thought that it would be easier. But no, it’s not easy, but it’s not hard either.” The participants’ comments on the challenges of learning indicate that prior to learning to play an instrument they may have thought it was a much easier skill to acquire than it really was. This idea is further discussed later on in the interview when the men talk about the respect that they now have for professional musicians. The men might have also been challenged in learning a new skill as they were working long hours and most of them had between 6 and 8 years of formal education.

Learning a new skill. The participants also said that they were glad to have learned a new skill. For example, Participant 2 said, “Someone told me to learn everything I can learn. Anything that there is to learn, I should learn it. Everything, everything, everything.” This same farmworker stated later in the interview, “it’s that, having my own goal, of learning something, even if it was...a small amount....to stay at the same level, not knowing anything,

what would I have done it for? It requires a little bit of effort.” The father also discussed his desire for his son to learn everything possible, particularly English. Even though they were both here working, the father took care of daily chores such as cooking, cleaning, and laundry. He stated in the interview that he often tells his son, “you do have time son. Grab an English book, prepare, prepare, prepare, because you are young and you need to do it.” In this way, the men are demonstrating the value that they put on education. They highly value any form of training that they can receive. In addition, the participants identified reciprocity through education. One participant explained, “we learn from her and she (the music therapist) also learns from us with the Spanish and all that.”

Foundation for learning. The participants also discussed how the music sessions were more of a foundation for learning, as a place or context to begin. The following dialogue illustrates the idea of establishing a foundation of learning on which the men could continue to grow.

Participant 2: In a short time she gave us a good guide.

Interviewer: A foundation?

Participant 2: Yeah a foundation, a good foundation, a good seed to continue. The person that is motivated will learn. If we're not motivated we won't learn.

Interviewer: That's how it is with everything I think.

Participant 1: I think that what she did was...

Participant 2: She planted something very good, a good cementing, well a good cementing...

Here the participants are discussing that perhaps establishing a foundation of learning a new skill through the music therapy sessions may have the potential to improve learning in general if the right motivation is in place.

Setting individual goals. The final code under *Education and Learning* relates to the

men setting their own goals. The men noted that they had expectations for themselves, particularly Participant 2 .

Participant 2: It's that, having my own goal, of learning something, even if it was...no? A small amount, and well for her to come to teach us and I not learn anything, stay the same, you understand? To stay at the same level, not knowing anything, what would I have done it for? It requires a little bit of effort.”

Later in the dialogue Participant 3 also noted that everyone had to have their own expectations. It is also interesting to note that Participant 2 thought that they had only learned “2 or so songs,” while Participant 3 thought they had learned four. This difference may be due to each man's personal goals and expectations for himself. If Participant 2 for example had set higher expectations for himself, he may not have felt as accomplished as Participant 3 who had set lower expectations for himself.

Participant 2: You must prepare...There are goals and responsibilities, the teacher has a responsibility to us, and we have the same responsibility to her. We need to honor that. What did she come for? We learned something.

The participants' responses in this category can be best interpreted from Kvale and Brinkman's (2009) idea of contexts of interpretation as described in the method section of Phase I. While it was not possible to validate these answers through member checking, the men expressed a greater understanding of themselves and of their experience being learners of a new skill. They expressed their struggles and frustrations with learning as well as how learning a new skill made them feel. From a critical commonsense perspective, knowledge was also gained in terms of a generational understanding of acquiring knowledge. The father understood after years of being a farmworker that the only way for his son to improve his life was through education. Reflecting on these categories of education and learning from the

perspective of CoMT, the context for learning new skills (in this case playing the guitar) was an important attribute to the progress that the men experienced within the music therapy sessions.

Music

Three codes emerged centered around music. These were: a) previous use of music, b) current feelings about music, and c) meaningful songs. These topics were asked in the interview, however, across different time points in the interview, the participants returned to these categories to illustrate other points or to clarify their work in music therapy.

Previous use of music. The farmworkers stated that they used music previous to the music therapy sessions as a hobby or a distraction. They said it was “something to relax by.” Since this dialogue was at the beginning of the interview the participants’ responses were minimal. It is unclear whether these minimal responses were due to the placement of this question in the interview or if the men were unable to recall their earlier relationship to music, now that the music therapy sessions had concluded.

Current feelings about music. The men were more vocal in how they used and felt about music after the music therapy sessions. They identified that since participating in the music therapy sessions, they were more connected to music. This dialogue begins with laughter, showing that the men might have been having a good time sharing their experience with the interviewers.

(Laughter)

Participant 2: More, it’s better. How should I say it? More, you feel more...more depth in the music. You’re more sensible when it comes to music. Because when you’re there playing the guitar...one...one that didn’t know...We don’t know how to play well, so we are motivated to know.

Interviewer 1: It's a different experience when you're playing the guitar, isn't it?

Participant 2: It's different, when you're deeper... You can focus.

Interviewer: You? (indicating others)

Participant 3: Well I think we're going to have a little more respect for people who play guitar. It really is something that's hard.

Participant 1: It looks easy but it has its secrets.

Interviewer 1: Aha, yeah.

Participant 1: It's very important that those people know how to use it well and have respect...

This dialogue also demonstrates to some extent the level of respect that the men had for music and musicians after having participated in music therapy. Their feelings about music are intertwined with their feelings about musicians. However, further along in the interview, this dialogue occurred in relation to a different question.

Participant 2: It's like I was telling you, I would play a song and I would feel like Carlos Santana, I would feel it in my body. At first, I wouldn't even move my foot, but when I would get the rhythm (maybe others could hear it, maybe not, it sounded ugly) I could feel that rhythm. You understand?

Interviewers: Sure, yes.

Participant 2: And there was, there was like a...what would you call it? A trance between me and the music, you understand?

At least for Participant 2 there was a way that he could connect with the music that might have been more than what the other participants were able. He expressed more in the music and received more from the music, particularly those songs that were from his region in Mexico.

Meaningful songs. The songs they identified as having more meaning to them were

the songs from their part of Mexico. (This particular group had chosen a song that described the beaches near their village). They said that these songs were the ones they played together the most during the week. The other song they identified as having special meaning was a song about the life of a migrant written by a popular norteño band, Los Tigres del Norte. However, this dialogue is not robust. It is unclear whether or not these songs were that meaningful to the men based on their minimal responses.

Interviewer 1: ... Were there particular songs that you liked? Or that had special meaning?

Participant 1: No. Well, in fact those songs that Melody brought were pretty.

Participant 2: Yes, the Muelles de San Blas one because it is...written in a town in our state.

Interviewer 1: From Durango?

Participant 2: No, from Nayarit. In one of our towns, in a Nayarit town. Near to where we live.

Interviewer: Ok.

Participant 2: We practiced that one the most.

Interviewer 1: Other songs that you liked?

Participant 3: Yeah that one, the Muelles San Blas one, the Mariposas Traicioneras one, the Vivir sin aire one. They're something...

Participant 2: The Tigres del Norte one.

Participant 3: They're very nice.

Interviewer: Los Tigres?

Participant 2: Um hmm.

Again, in this category, the men expressed more self-understanding in terms of the interpretation of the meaning of the dialogue (Kvale & Brinkman, 2009). Even though it was not possible to member-check this interpretation, it does seem plausible from the dialogue

that the men were able to express more self-understanding regarding their experience previous to, during, and after the music therapy sessions. They were able to identify what music meant to them on some levels. From a critical commonsense understanding, the music therapist's attention to music selection (based on the criteria in the Resource Manual) played a part in the men being able to identify meaningful music. Since she chose music that was important to them, the men were able to identify and relate to this music rather than discussing or using arbitrary music that had no meaning for them. Finally, from a theoretical perspective, communicating with the farmworkers regarding their music preferences may be a part of communicating within the framework of PAR. Using meaningful music is tied into the protocol of the research study. Using music that was meaningful to them was a part of inclusion of their ideas as well (Koch & Kralik, 2006). While not an explicit aspect of PAR in the context of music, it is still a relevant consideration.

Positive Mental Health

Three codes emerged which were loosely combined into a category centered around positive mental health. These three codes were: a) confidence, b) motivation, and c) coping mechanisms.

Confidence. This code emerged from the interview when the participants and interviewers were discussing learning and practicing a new instrument. This dialogue veered away from the scripted questions and provided insight into the participants' viewpoint of the value of confidence.

Participant 1: More than anything you need to be, feel a little more, practical or helpful. You need to have confidence in yourself. Be confident in yourself, in that you're going to do something. And sometimes, if you tell a person that they can't do something, and that person thinks they can, why not? I should do it.

[Deleted quote addressed in an earlier category]

Interviewer 1: And did playing guitar help you with that, confidence in yourself? Like to have...

All: Yes

While this was not a long dialogue about confidence, developing confidence was a valuable aspect of the music therapy sessions to the participants.

Motivation. One category that arose in regard to the music therapy sessions and group outcomes was the concept of motivation. The farmworkers identified how some individuals in their group were more motivated through participating than others. For example, one of the participants purchased a guitar. Another participant wrote two songs. Others spent more time getting together to play music and to practice. Those who had more motivation to increase their participation level they felt could achieve the most. One of the participants described another in this way, “he maybe was more motivated than us. Like, sometimes we would get home from work and instead of doing that (playing music together) we would do something else.” While this provides an example of lack of motivation, it does demonstrate that motivation influenced the men’s levels of participation.

Coping mechanisms. Current coping mechanisms that the farmworkers were employing emerged throughout the interview in various ways. One of the men used his daily schedule as a form of a coping mechanism. He stayed on task completing his work and then his chores once he got home. This daily rhythm helped him get through the difficult days. It was the method he has been utilizing for the past 15 years working as a farmworker. He said, “sometimes when the world is crushing down on me, I put my mind to work, I count things, and I escape.” Later in the interview, he stated, “But the times that have been bitter, I’ve sweetened them myself. And I don’t think it’s made my life complex in anyway. When I have

to make my own, tragic decisions, I just have to do it, and I do.” This statement reflects both the resiliency of the migrant farmworkers and the motivation to push through really challenging times. Another individual identified patience as a necessary way of dealing with life as a farmworker. This skill was taught to him by a dear friend and by his wife. He stated, “I’m calmer, more patient. I enjoy life moment by moment. I saw a change, and every breath I take I think to myself, “I’m going to enjoy it.”

In terms of the mental health category, the men were able to provide self-reflection on their experience in the music therapy sessions (Kvale & Brinkman, 2009). In all three codes, confidence, motivation, and coping mechanisms, the men were reflecting on their own growth and development in each of these areas and reflecting upon how they currently view their own mental health wellness and challenges. From a critical commonsense perspective, it could also be deduced that these three categories are intricately tied together: Current coping mechanisms can foster motivation which can improve confidence. All of these coping mechanisms were of great value to the men. Reflecting on this category from the theoretical perspective of CoMT that emphasizes strengths of the clients, it does seem plausible that focusing on these inherent strengths within the farmworkers’ context provided the potential for change within the community. Allowing the already existing, positive, coping mechanisms to exist as a part of the music therapy sessions provides the context in which the farmworkers can develop and unfold their greatest potentials. In this way it is more of a collaboration between the music therapist and clients.

Music Therapy Sessions

The farmworkers identified the benefits of the music therapy both personally and as a larger group. At the beginning, one said in reference to learning the guitar “we all struggled together.” While this particular group did not identify having much stress or mental health

problems, they also felt like music therapy was beneficial. One said, “it was good therapy,” and another agreed saying, “yes, very good therapy.” They thought it could be used for dealing with alcoholism. One participant said, “yes, it helps because right now when we’re here it bring us together a little bit. It brings us together to be talking...and it really does work for me, I feel good.” Another also said, that “in therapy, you forget about everything,” and later on “you forget about the stress.” They also thought the music therapy was beneficial in preventing stress, or as one participant said, “to prevent it from affecting you.” In a dialogue between the three men, they identified the essence of the value of music therapy as.....:

Participant 3: Yeah, well therapy helps us to relax. To relax, and it helps us as well. For me, I don’t know about for them, but the therapy helps me to forget Mexico a bit.

Farmworker Health Director: To forget Mexico?

Participant 3: Yeah, I mean I think...

Participant 2: And I remember it and it makes me happy.

Participant 3: I mean, after a while, I mean.

Participant 2: The moments, it’s good to remember the moments, no?

Participant 3: Maybe sometimes you’re having a good time and it does help. At least I do forget if there’s a problem over there, it helps me to deal with it. And on the contrary if you go with the mentality that that problem has a solution, well...it does help. For me it does help.

Participant 1: It does help.

This dialogue demonstrated how music therapy had the effect on their stress and at the same time bridge that gap between the duality of their lives by focusing on the positive memories and forgetting the problems.

Finally, in this category, there was additional self-understanding (Kvale & Brinkman,

2009) that was expressed by the men. They reflected on the music therapy sessions and on their own process and feelings about the music therapy sessions.

Participatory Action Research

The four categories specifically addressed in the interview related to participatory action research were (a) relationships, (b) communication, (c) participation, and (d) inclusive ideas. These were the four categories presented by Koch and Kralik (2006) as working principles of participatory action research.

Relationships. Since this section is referring to the relationship that the farmworkers had with the researcher, it will be presented in the first person for clarity. The farmworkers identified ways in which I demonstrated specific skills in the forms of open communication, a cooperative environment, a sincere interest in the participants, and an inclusion of their ideas into the program. Further, they identified patience, friendliness, and cooperation as the most important attributes I had. They said that I showed a sincere interest in them. One participant said, “she was interested in us, she truly supported us....she planted something very good.” Respect was an important value to the farmworkers. They discussed their respect for individuals who play the guitar well. They discussed their respect for one another. They also identified respect between myself and them. One participant stated, “we gave her more respect too, because she showed us respect. We had the maximum respect for her...”

In reflecting on their comments about me, it is interesting to note what was most important to them, especially ways of working that I take for granted. For example, they referred to the fact that I would stay and work with them even when it got late, or that I would come even when it was raining. These were two simple, practical ways of working that I never considered would mean anything to them.

Communication. In their discussion regarding sincere and interested communication,

the participants discussed how they communicated with me. While the interview was taken off-track by one of the interviewers, the participants still discussed communication.

Participant 1 stated, "...But from one moment to the next, we understood each other. And she would understand and we would too..." This dialogue continued with references to Spanish-language ability. However, it ended by discussing trust.

Participant 2: There was always good communication. She understands a lot. As far as I'm concerned, she speaks Spanish.

Interviewer 1: And there's a type of communication that is...it doesn't require speaking.

Sometimes people feel comfortable with someone, don't you think? And you understand each other.

Participant 2: There was a lot of trust. She won our trust.

Participant 3: She won us over. (chuckles)

Participant 2: We miss her. Ha, we miss her.

Participant 3: We're going to cry. (chuckles)

Participant 2: Like they say back home, she's good people, she's cool.

It seems apparent from the farmworkers responses that trust was the attribute that they valued in terms of sincere and interested communication. This trust could have been developed through rapport, alliance building, and through the music therapy sessions.

Participation. The following dialogue demonstrates the participants' understanding of their own levels of participation in the research. What is apparent is more of an understanding of participation in the music therapy sessions, rather than participation in the overall research process. In this way, it does not reflect on PAR. However, given that they are reflecting on music therapy research rather than strictly music therapy sessions, it could be argued that they were in fact reflecting on the whole process of the music therapy and PAR.

Interviewer 1: Did you notice if one of you participated more than the others?

Participant 1: No well, we three were the only ones who participated. We all struggled together.... And the person that she thought was slowest, she would treat him best. She had very good initiative. Because I would look at the two of them, they learned well and they played well. When they would play the whole song I would stop, because I was interrupting them. I felt like I was interrupting them. And Melody would stop the music and would say, stop lets rest for a bit. In other words she would stop in order to let me...

Interviewer 1: To include all of you.

Participant 1: So we would start again. And all of the sudden I couldn't make the change, so I would stop because they were doing well. They were playing well. But I was the one who prevented them. So I would stop and Melody would stop all of us, to make us all feel good. But I felt that I was the one who least...In other words, I did catch on quick, I learned the steps but I was slower in changing at times and being able to hit the mark. I couldn't do it, no. And they could, they could. So at times I thought that it would be best if they did well and I watched...

Interviewer 1: And she always made sure that you participated equally?

All: Yes, yes.

Participant 1: She did that and I noticed that she never said, "You're no good" or "You're better" or "You're even better". She would say that we were the best group she had.

Interviewer 2: Yeah?

Participant 1: Yes, she would say that, well I mean...she would say "you're doing well."

Interviewer 1: Well, sometimes it's nice to hear that, isn't it? When a teacher or an instructor says that you're good students.

Participant 1: It's elegant, in fact.

From this dialogue the men demonstrated that they valued their participation in the music therapy. They reflected on this from the perspective of their relationship with the music therapist and with the other students.

Inclusive ideas. Inclusivity, a part of PAR as defined by Koch and Kralik (2006) was not directly clear in the question specifically addressing this issue in the focus group interview guide. The following dialogue demonstrates this issue.

Interviewer 1: And yes. Melody tried to include...include your ideas in the music as well? In the activities?

(all): Yes, yes.

Participant 3: For example, if we had to learn a rhythm, a tone, she told us how to do it, how to learn it so that it would be easier. No, don't always downstroke. No she would say, do an alternate stroke to go faster. It sounds better. Yes, I think so.

Participant 1: I was the worst musician and she said that I was the one that was learning fastest. I didn't think so. Learning that fast motivated me, but I didn't think so. But it did motivate me, didn't it?

This dialogue does not show inclusivity as defined by Koch and Kralik (2006). It discusses the leadership role of the music therapist. However, later on in the interview, the participants discussed other members of the house being invited into the music therapy sessions. In the next quote there is an example of how the music therapy activity made helped inclusion individuals in to the whole group:

Participant 1: Sometimes someone else would come around... and she would say Hey do you want to play? The guitar? No? Why not? Come on! Grab a guitar.

Interviewer 1: She did?

Participant 1: She would say that, she would motivate them.

Interviewer 1: Are there specific examples of times when she tried to include all of you?

Participant 3: Of what, pardon? Examples of what?

Interviewer 1: Of when she tried to include all of you in the group.

Participant 1: Well.

Participant 3: Well when she would have us all practice a song... That type of example, or?

Participant 2: There were people that weren't in our group but they lived in this house. And they would come and see us and she would invite them, she would help them.

In this section, it seems evident that from many of the ways that the questions were worded and the responses given that separating the role of the researcher with the role of the music therapist was challenging for the farmworkers. The examples that they gave of communication and inclusiveness were all geared around the music therapy sessions themselves and not around the overall research. This was a challenge as well for the music therapist-researcher. This dialogue potentially demonstrates the overlap between principles of participatory action research and principles of music therapy practice, at least in the context of this research.

Since this section is evaluating the theoretical perspective of this research, it will be examined with Kvale and Brinkmann's (2009) theoretical understanding under the context of interpretation. To reiterate, the categories from Koch and Kralik's (2006) understanding of PAR were: (a) relationships, (b) communication, (c) participation, and (d) inclusion. In each of these areas, the men reflected more on the relationship with the music therapist, more than their relationship with the music therapist-researcher. While the interview questions were not perhaps worded in the best way to tease out the difference between the participants' view of the music therapist versus the music therapist-researcher, this may have been problematic regardless, given the dual role. It was easier for the men to discuss relationships,

communication, and participation, however, inclusion was much more challenging.

Concluding remarks. In reading and analyzing the focus group interview, it is apparent that some of the ways of working in participatory action research were not as evident to the farmworkers, particularly in regard to inclusion. While the questions might have been confusing to the farmworkers, it does seem clear that throughout the interview collaboration was not as evident as it should have been in working with the farmworkers. Their ideas were included, but more care should have been taken to increase the potential for collaboration.

It also seems evident that they were able to recognize in some ways the ability of music and/or music therapy to positively influence their overall mental health and improve social interaction between group members. Even for the farmworkers who experienced the greatest benefit of music therapy, it does seem clear that some of their problems are so extensive, that a more systemic change is needed.

One surprising finding was their increase in confidence. While this was not a research question, it is interesting to note that this was an area of growth as many of them struggled through playing music at certain times. Increasing personal confidence might have the capabilities of generating self-advocacy.

Control Group Findings

The control group in Phase I did not receive any intervention between pretest and posttest. They were given a CD of relaxing music to share and a stress education handout. Two categories were identified across the course of the interview. These were issues related to coping mechanisms that the farmworkers were already using and their view of the research. It is evident that some of the participants did not understand the questions and needed more prompting, and others answered a question that was not being asked. Also, the

interviewer said that some of the answers were difficult to understand due to dialects or due to mumbling. Finally, the Director of the Farmworker Health Program inserted questions that took the interview a bit off course. However, some of the answers ended up being relevant to the study.

Coping Mechanisms

Using music. The farmworkers stated that sometimes problems got in the way of their lives and it was difficult to focus on anything but the problems. They did state that some listened to the CD's to relax by, but wished they had had more copies of the CD for the whole camp. They said that the music (relaxing music chosen by the researcher) was okay, but it was not their favorite. The participants said that some people in their group responded to listening to music as being a way of coping with stress more than others. Others coped with stress by watching television or reading. Participant 3 thought that providing programs to cope with stress might be challenging because everyone copes with stress differently.

Escaping. Escaping problems and stress was also discussed by the farmworkers. Participant 3 stated, "They (the questionnaires) asked if you had a way of escaping your problem, or even if it was just forgetting it for a while. Participant 4 stated later in the interview, "Sometimes we all have stress...I don't know like a feeling, and to forget about it".

Participant 7 stated later on in the interview in regard to the stress education handouts, "...It was just if sometimes you felt depressed or stressed you should walk for a while or read or exercise...whatever just as long as you're doing something, and that way you'd forget. And the problems won't be there anymore." From his statement, it can be said that they viewed escaping as stress relief.

In regard to escaping stress, Participant 2 tied in music and alcohol as ways of escaping.

Participant 2: Because if not, as one says about music...you mentioned alcohol, and who knows what else. If there wasn't music maybe I'd grab this bottle of alcohol and just drink it. But listening to music maybe you'd forget about that. And maybe I'd go outside and I would still be able to hear the music and the wind would blow and it would sound nice. But if there's no sound, no nothing, no music...

Participant 1: All that's missing is for there to be a bottle there...(couldn't quite understand)

Participant 2: That's how it is isn't it?

Interviewer 2: It doesn't make you sadder? The music doesn't make you sadder?

Participants 1 and 2: Yes, of course.

Interviewer 2: So that you would want to drink more?

Participant 1: Sometimes it does.

Participant 2: Well yes, sometimes.

Interviewer 2: With the Mexican music and tequila?

Participant 2: Yes, that's true. It depends though...

(Everyone talking at once)

(General Agreement): It depends on the music.

Participant 4: ...you can almost always hear the music...

Participant 1: If I hear a song that reminds me of something well I might take a bottle and drink it.

Participant 2: Yeah, that's true.

Interviewer 1: That's true as well.

Participant 2: Yeah.

Participant 1: That too.

No solution. Some of the farmworkers in the control group struggled with finding any

solutions (positive or negative) to deal with their stress. For example, Participant 3 stated, “I think that sometimes, the majority of us, are stressed out, fatigued and sometimes...and sometimes you can’t find a way out of the problems that you have, and other things.

Participating in the Research

From the beginning of the interview, the farmworkers expressed their concern regarding the questions on the pretest and posttest measurements. Participant 1 stated, “these questions that they are asking me...what are they for?” Participant 3, referring to the questionnaires, also contributed to this answer by stating, “sometimes you even contradict yourself.” Other participants reflected this same sentiment by discussing the questionnaire. They wondered what it was about and did not completely understand all of the questions. The participants also mentioned that there were too many questions and that the responses did not really reflect how they wanted to answer the questions. However, another participant thought that in some ways the questions helped him talk out his problems.

In addition, the participants in this group also thought that the research staff did not pay them enough attention. While they identified that they were treated with respect from the research staff, they felt that between questionnaires they were being ignored. Then when the research staff needed them to fill out the questionnaires, then they were needed. Participant 1 stated, “Sometimes they don’t pay attention to us...and now they need our help. That’s what I have to say about it.”

The focus group interview with the control group stayed in a self-understanding perspective, rather than moving to a more critical common-sense or theoretical perspective (Kvale & Brinkman, 2009). Due to the data collected by this interview, open-coding was used rather than concept coding. It appears as though open-coding presents the possibility for more self-understanding rather than a theoretical understanding where PAR is considered.

Categories from Both Interviews

In reviewing the two focus group interviews from Phase I, two categories were present: Challenges of Research Participation and Ways of Working with Farmworkers.

Challenges of Research Participation. The farmworkers felt that the questionnaires were long and confusing. They also thought that the tests were trying to trick them by asking them the same questions over and over in different ways. One of the participants further explained, “In one question I might say that I like the color white, but in another question they got me saying that I like black. But you need to think about them, and it’s the color white....it’s to catch you in a lie.” They felt like the questions had an absolute answer that was correct. One of the participants stated, “the ones that say absolutely, moderately....it’s like exactly, correct, or half correct and that’s what I say.” The farmworkers in the comparison group felt respected, but often ignored by the research staff.

Ways of Working with Farmworkers. In the music therapy group’s interview, the participants identified ways that the music therapy sessions could have been improved. They requested specific weekly assignments, “or homework...so that there will be more interest.” However, they also warned that too much homework might be too much stress for others. They also expressed a desire to learn more about dynamics and expression in music playing. In regard to the number of sessions, one participant said, “there were six (number of sessions) but at the beginning, well we were kind of scared. We wanted the six lessons to go by quickly. But after the last one, it didn’t seem like enough. Because we still needed something, like maybe two or three more lessons. To, to...I mean we needed a lot more lessons, because day after day we understood it better and better and we wanted more time with her (the music therapist).” Also, they wanted to stick with a song for longer periods of time than doing a new song every week. They mentioned that this would help them learn more and keep them more

motivated. The comparison group also identified ways of working with them that could have been more improved.

When reflecting upon both interviews from this phase of the research, it is clear that they could be evaluated, in terms of the categories that emerged, from a critical commonsense understanding more so than a theoretical or self-understanding (Kvale & Brinkman, 2009). The farmworkers provided data that were useful in evaluating some of the challenges to participating in the research process as well as how they wanted to be treated within the research process. These areas could be considered aspects of PAR, but as they were not specifically included in the definition provided by Koch and Kralik (2006), they are viewed more as critical commonsense.

In conclusion, the farmworkers in both groups carefully reflected on their experience participating in the research and in the music therapy sessions. They were able to articulate what was beneficial and methods of working that were not beneficial. The next chapter will present a song analysis, followed by a chapter that reflects on all Phase I and ways of working that will be modified in Phase II based on these findings.

Chapter 7: Song Analysis

Introduction

At the end of Phase I, men who lived at one of the camps who were in the control group were in a serious van accident resulting in the deaths of two of the passengers. The men were offered a variety of bereavement options, and they chose to participate in music therapy sessions as a group. This analysis describes the songwriting process. The intention of including this analysis is to highlight how songwriting can be used within the context of music therapy when Stige's (2005) knower, knowledge, and context are taken into consideration. In this section the knowers were the music therapist, the farmworkers, and the farmworker health care workers. The knowledge generated was the result of this process found at the end of this chapter. Finally, without the context of the music therapy sessions, in the farmworkers' home, the following findings would not have been relevant or useful. This chapter is adapted from portions of Schwantes et al., (In press), taken from the *Australian Journal of Music Therapy*.

Participants

Fourteen men participated in this experience. Some had been involved in the van accident that killed their friends, Emiliano and Jose Felix, and others were their roommates. Many of the men who participated in the music therapy sessions had not only experienced the loss of their friends, but also a traumatic event, and had developed their own health issues as a result of the accident. The men ranged in age from 20 to 50 and had all been in the United States for at least a year or more as a part of the short-term agricultural visa program.

Personnel

The music therapist-researcher who conducted all of the sessions in Phase I conducted these sessions with 3 health-care professionals who worked with this population. One served

as an interpreter to insure accuracy of interpretation of the men's experience, since this was particularly traumatic and stressful for them. These health care professionals were close to the participants in the study and had developed a strong bond with them over the course of the months since the accident. The healthcare professionals served as ancillary contacts as described by Doran and Hansen (2006).

Music therapy sessions

In their repeated visits to the camp after the accident, the farmworker healthcare workers suggested many bereavement group ideas, including song writing. Two months later, the farmworkers approached the health care outreach staff to request the songwriting-based group. The farmworkers participated in four music therapy sessions in their home. They determined that the main goal of the sessions was to create and record a song describing the events of the car accident and the two friends who were killed. The therapeutic process used in this setting with the Mexican migrant farmworkers came directly from the use of the *corrido* in Mexican culture as a means of telling stories of important events as described in the literature review.

The farmworkers participated in four music therapy sessions during which time they created as a group the *corrido* describing the events of the accident and the lives of their friends who were killed. They chose the song, *El Corrido de los Pérez*, which discusses the death of two brothers at the hands of a coward for its melody and structure. They also requested that the version recorded by Los Rehenes on the album *Para ti...Nuestra Historia* be used. This version is upbeat and played quickly, at approximately 180 bpm. Two of the group members recorded the final version of the song presented below.

Era un cuatro de mayo Presente lo tengo yo Como a la una de la tarde Esto fue lo que pasó	It was a 4 th of May I present it About one in the afternoon This is what happened
En el estado Carolina Una van se volteó Con catorce hombres a bordo Cuatro maromas hechó	In the state of Carolina A van rolled over With 14 men on board Four times it turned
Dicen que fueron los frenos Que fue lo que les falló en realidad no se sabe que fue lo que sucedió	They said it was the breaks <u>That were at fault</u> In reality, no one knows What really <u>happened</u>
Toda la gente asustada No hallaba ni que hacer Al ver a dos compañeros Que acaban de fallecer	All of the people were scared No one know what to do To look at the two friends That had just passed away
Emiliano era de San Luís Jose de Michoacán Eran buenos compañeros Nunca se van a olvidar	Emiliano was from San Luis Jose from Michoacán They were great friends No one will forget them
Diosito nos da la vida Y el nos la ha de quitar Aqui termino el corrido De Emiliano y de Jose.	God gives us life And he will take it from us Here ends this song Of Emiliano and Jose

Figure 2. Corrido

Music and Lyric Analysis

In order to fully appreciate the value of the song written by the migrant farmworkers, an analysis of the music and the lyrical content was undertaken. The song written by the farmworkers stayed true to the corrido style and form. The song also stayed with the original melody, as is the case with many corridos except for the final verse, where Arturo and Martín unexpectedly changed the melody at the last line in the final recording. Instead of ending on a descending pattern, as is the case with each of the previous lines, they ended the song on an ascending pattern, giving the last line a melodic lift.

The original song, *El Corrido de los Pérez* was performed at 180 bpm, and the farmworkers' song was at a similar tempo. At 150 bpm, it was slightly slower, but still upbeat. Finally, Martín, the guitar player, recorded the song in the key of D major, and played the guitar using a root-strum-strum pattern typical of music in $\frac{3}{4}$ time. The original recording used a variety of instruments and vocal parts creating a large, full sound. While the men expressed a desire to record their song with a full band, due to time and money constraints, it was necessary to record it with only guitar and two voices.

Four verses were dedicated to the event itself, one verse was dedicated to the two men who died, and the final verse discussed God's role in giving and taking away life. The four verses about the accident are quite specific. The date, time, and place are all given. One potential reason for the accident is briefly addressed by mentioning that the brakes gave out; however, the words state, "en realidad no se sabe, que fue lo que sucedió" ("in reality no one knows what it was that happened").

Asustada (fear) is the only emotion explicitly mentioned and its relation to not knowing what to do. In this verse it appears as though the men are maintaining machismo (Andres-Hyman et al., 2006). The fear can only be in relation to not knowing what to do, rather than fear of something greater outside of themselves. In the fourth verse, the last two lines, "Al ver a dos compañeros, Que acaban de fallecer" ("To see the two friends that had just passed away") are particularly strong, as this was an image that must have stood out in the farmworkers' minds repeatedly.

The only verse about Emiliano and Jose Felix simply states where they are from and that they were good friends who will never be forgotten. Their stories and more about their lives were omitted in the final version. Finally, Martín added the specific line about God. It is important to note that he used the diminutive form of God, Diosito, rather than Dios,

suggesting a kinder, gentler God. In this verse, the men show a type of acceptance to the balancing act of life and death. Neither is in their control.

Outcomes

The farmworkers' goals for the short-term music therapy group were met. The group worked together to create a corrido that described the events of the accident. They also created music together as a group. Three of the group members contributed more directly to the final product of the song: Raul wrote lines for the song, and Arturo and Martín contributed to the overall music. The other group members contributed to the process of writing the corrido by providing many edits and opinions and supporting their friends' musical talents. In this way, each group member participated at the level that he wanted. The result of this work was a process through which the migrant farmworkers had the opportunity to share their experience of the events of the horrific accident. This sharing led to creation of a product, a recording of their song.

The song writing process provided an opportunity for group members to support one another. Each group member defined his role in the group by contributing to lyric writing and editing, music playing, singing, and/or supporting other group members. Group members shared their experiences and opened up to one another. As a result, the group became more cohesive.

The music therapist and the farmworker healthcare providers initially approached this process as a bereavement group. However, as the song developed over the course of the sessions, the music therapist realized that the farmworkers needed a place to express the events of the day and their emotions related to it, as much as they needed to eulogize their deceased friends. The music therapy sessions allowed for flexibility in addressing immediate needs of the group rather than just focusing on the loss of friends.

In examining this work from Stige's (2005) perspective of participatory action research with an emphasis on the knower, the knowledge, and the context, it is possible to draw conclusions from this component of the research process. The farmworkers, the researcher, and the farmworker health care workers were all knowers in this context. Each group or individual played her or his part in collaborating together to create this experience and ultimately the song. The knowledge that was created by this collaboration included the song created, the function of the song, and the overall group process. Finally, without the context in which the farmworkers lived, and in which the researcher and farmworker health care workers were invited in, the knowledge could not have been obtained. Had the music therapy sessions taken place in a clinic it seems unlikely that the knowledge would have been produced.

Chapter 8: Reflections on Phase I

The aims of the first phase of the research was to look into the feasibility of running a large mental health intervention study with migrant farmworkers in two distinct parts of the state. In looking over the experience of the research there were many ways in which knowledge was obtained above and beyond the standard data collection in the pre and posttest questionnaires and the follow-up interviews.

Points to Consider for the Next Phase of the Research

The focus group interviews indicated that Phase I accomplished its goals in terms of 1) determining the participants' perceptions of the effectiveness of the music therapy intervention on mental health, 2) identifying ways of working with farmworkers 3) how information gained from running the Phase I study affects future research and practice, and 4) how to interact and work with the comparison group in an ethical and fair way. From these interviews, the following will be implemented into the next phase of the research.

- 1) Education and learning are important to the farmworkers. It is also in this area that the farmworkers can demonstrate reciprocity by teaching the music therapist and research staff additional aspects of the Spanish language.
- 2) Music will still be selected based on the participants' preferences. Music selections will include music that comes from the farmworkers' home states.
- 3) In addition, music that can potentially open up a discussion on the impact of living a dual life will be used. With the continual increase of migrants working in the US, such topics are popular in Mexican pop music and readily accessible. This music will be used specifically to allow the farmworkers to reflect on their lives in Mexico and their lives in the US, and allow them bridge the gap between the two.
- 4) Current positive coping mechanisms will be discussed. In addition, providing

suggestions and ideas to incorporate music into these already existing methods will be included.

5) The aspects of participatory action research (PAR) identified in the focus group interview (open communication, a cooperative environment, a sincere interest in the participants, and an inclusion of their ideas into the program) will continue to be used. Establishing rapport and trust quickly will be the focus for developing a collaborative working relationship.

6) The format of the music therapy session will remain similar. However, additional sessions will be incorporated and specific assignments will be given each week. These assignments may be in regard to reporting how someone used music with one of their established coping mechanisms throughout the week, group music making, group song writing, or other ways of using music throughout the week.

7) Social support will be a stronger focus of the group music therapy sessions in addition to alleviating symptoms of anxiety and depression.

8) Since social support has been found to be one of the greatest predictors of problem drinking (García and Gandolf, 2004), and consumption of alcohol relies on self-report, Phase II will measure only social isolation as a measure of social support instead of drinking. Additionally, many of the farmworkers reported drinking no alcohol at all, so measuring alcohol consumption is not as reliable a way of determining effectiveness of the intervention.

9) Keeping motivation high during the treatment period will also be essential. Motivation will take form through encouragement and praise, and drawing the farmworkers attention to their own progress and growth.

10) The questionnaires will be shortened to include only the measures for

depression, anxiety, and social isolation.

11) Due to the significant differences between the participants in the Eastern and Western parts of the state, participants in the second phase of the research will only be recruited from the Western part of the state. While the participants in the Western part of the state had better overall mental health compared to the Eastern part of the state, access to the participants in the Eastern part of the state is also much more challenging. They follow the crops and have less reliable schedules and residences. Working with this group of individuals will be addressed more thoroughly in the Discussion chapter.

Revision of Research Questions

Due to the above changes in the research for the second phase of the design, the research questions need to be slightly modified to reflect these changes. While the research questions remain true to the original intent of the study, the minor modifications do affect the data collection and analysis for the next phase of the research.

Question One

Will the application of music therapy significantly reduce levels of anxiety, depression, and social isolation among migrant farmworkers?

Sub question 1. To what extent will the effects of the therapeutic music sessions have a lasting effect on levels of anxiety, depression, and social isolation after the formal sessions are over?

Sub question 2. How frequently do the migrant farmworkers make music together in between sessions and how does this affect the degree of change in levels of anxiety, depression, and social isolation?

Question Two

What type of music will emerge from these sessions and what will the music mean to the participants?

Question Three

How will the migrant farmworkers participate in the music therapy research?

Sub question 1. How will they evaluate their relationship with the researcher?

Chapter 9: Phase II Method

This section outlines the processes for the quantitative and qualitative aspects of the second phase of this research. It begins with an outline of the methodological procedures taken for camp selection, randomization, and pre, post, and follow-up data collection. Additionally, it addresses the procedures for both the experimental and comparison group's intervention period.

Quantitative Method

Camp Selection

Fourteen potential camps were identified by staff from the Appalachian Regional Farmworker Health Program based on the number of participants living at the camp and camp location. All of these camps were involved in the Christmas tree industry, with some participants at the camp working additional hours in landscaping. Of the 14 camps approached, one camp chose not to participate, one camp was leaving for the summer to return to Mexico due to the grower's economic situation, and one camp was not at home on the three occasions when study staff visited them for recruitment. See Figure 1 for further information.

The eleven participating camps ranged in size from 3 people to 12 people with an average of 5.82 individuals per camp. Six camps ($n = 26$) were randomly selected to be in the music therapy condition and 5 camps ($n = 30$) were randomly selected to be in the comparison condition. Of the individuals at each camp 50% to 100% participated in the study. Some individuals at each camp chose not to participate. Of the comparison camps, 1 out of 5 had 100% participation, while 3 out of 6 music therapy camps had 100% participation.

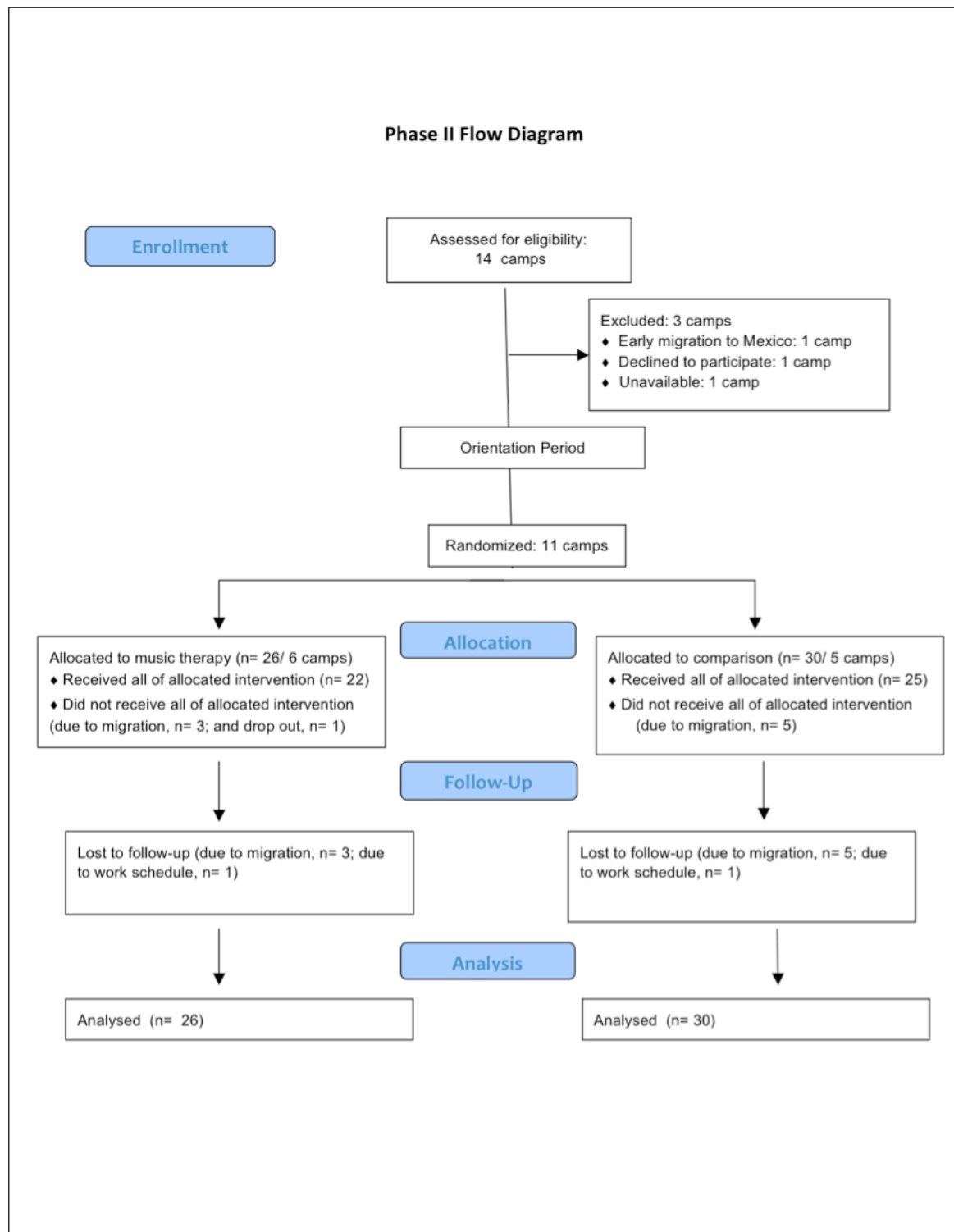


Figure 3. *Phase II Flow Diagram*

Camp Allocation

After the orientation period, 12 same-sized pieces of paper were coded with either MT (music therapy condition) or C (comparison condition). While there were only 11 camps

selected, 6 pieces of paper were included for each condition to insure that there was an equal possibility of each camp ending up in the control or music therapy condition. These were then each folded twice and placed in a bag. Each camp was written down on a piece of paper in the order that they were first approached. One of the research assistants then drew one of the slips of paper from the bag to determine if the camp would be in the music therapy or comparison conditions. Each slip of paper then drawn from the bag was thrown away.

Participants

Eleven camps participated in Phase 2 of the study, with a total of 56 farmworkers. Of the 56 participants, all were male, and ranged in age from 18 to 60 with a mean age of 34.48 years ($SD = 10.10$). Seventy percent ($n = 39$) were married or living as married, and had an average of 6 years of education ($M = 6.07$, $SD = 3.91$) with a range of 1 year to 16 years of education. The average age for the first time in the United States was 26.73 ($SD = 8.40$) years of age, with the range of 7 years-old to 56 years-old. Most (71.4%, $n = 40$) of the participants had documentation to live and work in the United States. The men worked an average of 45.86 hours per week, and had been working in agriculture in the United States for an average of 6.41 years ($SD = 5.60$), ranging from 1 year to 26 years.

Research Assistants

Four bi-lingual research assistants were used throughout Phase 2. Each received 4 hours of training in regards to working with this population and research ethics. The research assistants were all college students with previous experience working with Spanish-speaking individuals. Two of the research assistants were male and two were female. While not required as part of their job, 3 of the research assistants were proficient guitar players, and the other was a singer.

Measures

Center for Epidemiological Studies-Depression Scale (CES-D). Please see Chapter 5, page 122 for a complete description.

Beck Anxiety Inventory (BAI). Please see Chapter 5, page 123 for a complete description.

Social Isolation. Please see Chapter 5, page 124 for a complete description.

Orientation

An orientation period was conducted with each of the camps prior to their commitment to participate in the study. Each camp was visited two times during the orientation period over a period of two to three weeks. First research study staff contacted each of the camps to set up a time to visit them. The research staff arrived promptly at the agreed upon time. If they were running late, research staff called the camp to determine if a late arrival was possible. While visiting with each of the farmworker camps during the orientation period, research staff engaged the camp members in *placticar* (hang out and chat) to learn about the farmworkers' musical preferences and their personal stories. During this time, the research staff were not aware of which camps would be allocated to the music therapy condition and which camps would be allocated to the comparison condition. No data was taken during this time.

Setting

All interactions with the migrant farmworkers took place in their homes. These homes ranged in size and quality. Five of the 11 camps were barracks. These barracks were constructed with a concrete slab for a foundation and metal siding. Two of the barracks had separate living and sleeping quarters, while the other three were simply large rooms with bunk beds, second-hand couches, and picnic tables. Three of the camps were trailers, and two

of the camps were apartments, all of which had shared living and sleeping space. Only one of the camps was a house with a living room, dining room, kitchen, and individual sleeping quarters.

Procedure

Consent

Two different Spanish-language consent forms were used, one for the comparison condition and one for the music therapy condition (See Appendix F). Each of the consent forms outlined precisely what was expected of the participants if they chose to be involved with the study. The participants were each handed a copy of the consent form, while research staff explained the various components, highlighting voluntary participation and anonymity. During this time, potential participants asked any questions regarding their participation and involvement in the study. Each participant was given a number by which all of their data would be coded. None of their data was stored with their names or camp locations to insure anonymity.

Pretest

All interviews were conducted in Spanish at the participants' homes. Care was taken to insure that during the interviews, the participant answering the questions had privacy. Interviews were conducted in living rooms, on porches, in kitchens, and in shared living space. Each interview lasted approximately 10 minutes. The pretest questionnaire (See Appendix G) was scripted so that each participant was asked the same questions in the same manner. While each measurement relies on self-report, all questions were read aloud to each participant to ensure clarity and to allow participation by those unable to read. In addition to the *CES-D*, the *BAI*, and the *Social Isolation* measurement specific questions pertaining to age, education, marital status, H2A visa status, and number of years in agriculture were

asked.

Comparison Group

Participants in the comparison group were engaged in a 20-minute educational experience outlining culturally-appropriate (See Appendix C) methods for dealing with stress. In addition, all of the participants in the comparison groups were given CD's of preferred music (See Figure 2). Between pretest and posttest, each of the comparison camps was visited twice. During these visits, the participants were given additional CD's and engaged in *placticar* with the research assistants. During these visits, the farmworkers discussed different types of music they enjoyed listening to at home and requested more music from the research staff. These visits lasted between 20 and 30 minutes each.

Artist: Album	Genre	Number of Groups	Notes
Various Artists: <u>Musica Tropical</u>	Salsa and Tropical	1	
<u>Aventura</u> : The Last	Salsa and Tropical	2	Dominican-American from the Bronx, NY
Vicente <u>Fernández</u> : Para Siempre and <u>Varios</u>	Regional Mexican (ranchera)	5	King of the <u>Ranchera</u> Born in Jalisco, Mexico
Tierra Cali: <u>Maldito Amor</u>	Regional Mexican	5	From Michoacán
<u>Pepe Aguilar</u> : 100% <u>Mexicano</u>	Regional Mexican	5	From San Antonio, Texas
Miguel y Miguel: Los <u>Pioneros de las Guitarras Sierreñas</u>	Regional Mexican (conjunto)	1	From Sinaloa, Mexico
Mariachi <u>Tapatio</u> : Mexico's Pioneer Mariachis, Vol. 2	Regional Mexican (mariachi)	2	From Jalisco, Mexico and based in Brooklyn, NY
Los <u>Tigres de Norte</u> : La Granja and Various	Regional Mexican (norteño)	5	Based in San Jose, California (roots in Sinaloa, Mexico)
Los <u>Rieleros del Norte</u> : Siempre <u>Imitado Jamas Igualado</u>	Regional Mexican (norteño)	1	
Los <u>Originales de San Juan</u> : Various	Regional Mexican (norteño)	3	
Los <u>Invasores De Nuevo Leon</u> : La <u>Historia</u>	Regional Mexican (norteño)	4	
Los <u>Caminantes</u> : Various	Regional Mexican	2	From Guanajuato, Mexico
Los <u>Acosta</u> : <u>Pinta Mi Mundo</u>	Regional Mexican	2	Mixture of pop, <u>norteño</u> , bolero, and <u>cumbia</u>
<u>Liberacion</u> : Various	Regional Mexican (norteño)	5	
La <u>Rondalla de Saltillo</u> : 15 de <u>Coleccion</u>	Regional Mexican (romantic)	2	
La <u>Nobleza de Aguillilla</u> : <u>Mentalidad de Nina</u>	Regional Mexican	1	From Michoacán
La <u>Dinastia de Tuzantla</u> : Caminos de <u>Exitos</u> , vol. 2	Regional Mexican	1	From Michoacán

K-Paz de la Sierra: Como un Tatuaje	Regional Mexican (Duranguense)	5	
Joan Sebastian: 15 Grandes Exitos	Regional Mexican	2	Top 40, from Guerrero
Grupo Montéz de Durango: El Borracho	Regional Mexican (Duranguense)	5	
Grupo Bryndis: La Magia de Tu Amor	Regional Mexican	2	Balada, Cumbia, and Grupero
Grupo Alfa 7: Various	Regional Mexican	2	From Michoacán
El Tigriillo Palma: El Rey de la Kush	Regional Mexican (corridos)	1	
El Chapo de Sinaloa: Tú, Yo y La Luna	Regional Mexican (norteño)	1	
Cardenales de Nuevo León: Compré una Cantina	Regional Mexican (norteño)	1	
Beto Quintanilla: Mi Historia Musial-20 Corridos	Regional Mexican (corridos)	1	Famous for his narcocorridos
Banda Machos: 25 Bandazos de Machos, Vol. 1	Regional Mexican	1	From Jalisco, Mexico Cumbia, rancheras, boleros
Marco Antonio Solis: Trozos de Mi Alma	Latino Pop	1	From Michoacán
Los Yonic's: Pétalo y Espinas	Latino Pop	2	Tropical, pop, and baladas
Los Bukis: Me Volvi A Acordar de Ti	Latino Pop	2	From Michoacán
Enrique Iglesias: Various	Latino Pop	1	
Apache 16: 25 Super Éxitos	Latino Pop	2	Cumbia
Los Pajaritos De Tacupa: Corridones Con Los Pajaritos de Tacupa	Latino	1	From Michoacán
Los Cadetes De Linares Con la Banda El Recodo: Lupe Tixerina Y Rosendo Canta	Latino	1	Corridos
Maná: Various	Latin	5	
Los Temerarios: Mi Vida Eres Tu	Baladas y Boleros	5	Baladas, Rancheras, and Cumbia

Figure 4. Music Requested by the Comparison Groups

Experimental Group (Music Therapy)

Participants in the music therapy group participated in 3 to 10 music therapy sessions.

Four camps requested to have 10 sessions. Two camps were being sent home by their growers

for the summer, so one camp had seven sessions, while the other had only three. Each music therapy session lasted between one hour and 15 minutes and one hour and 45 minutes depending on the participants' level of engagement and fatigue due to work. Each camp decided after four sessions how many additional sessions they would like to have. The four camps who were able to have 10 sessions, requested more than 10, but the study protocol indentified 10 as being the maximum number. Participants could choose whether these sessions would be every week after the initial four, or every other week. All requested them to be every week during the summer, as summertime was less strenuous than autumn and winter harvest.

Instrument selection. Participants in the music therapy condition were given a choice of an instrument they wanted to learn. They chose between the acoustic guitar, an electronic keyboard, or a 21-key 8-bass button accordion. The participants kept the instruments in their homes for the duration of the study so that they could make music together between sessions.

Music Therapy Sessions

Music therapy sessions followed the same basic structure each week. Sessions had an opening experience, an instrument-learning portion, a therapeutic intervention (e.g., lyric analysis, song writing, relaxation training, or improvisation), and a closing. Over the course of the sessions, music therapy interventions followed a naturalistic process based on the needs presented each week by the farmworkers. It was necessary to keep music therapy sessions structured, while still maintaining flexibility during sessions to provide the best experiences to the farmworkers based on their present needs. The resource manual was used (See Chapter 1) for all sessions.

Establishing rapport. During the first and second music therapy session, the experiences focused on group music-making and educational approaches to dealing with

stress. By the second and third weeks, as rapport had been more established, sessions focused more on therapeutic approaches including lyric analysis, song-writing, and group improvisation. As this was a short-term intervention, it was necessary to establish rapport quickly while still maintaining *dignidad* and *respeto* for personal issues.

Opening. The opening was a transition time from normal camp life to the music therapy session. The participants were often finishing dinner or completing other household tasks, so the opening allowed time for greetings, checking in with each individual about his week, and gathering the group together. This portion of the session lasted between 10 and 15 minutes. Each camp engaged in a different type of opening experience depending on the group members and who was ready to begin.

Instrument learning. Each session included a time during which new chords and accompaniment patterns were learned on the guitars, keyboards, and accordions. Methods used for teaching these musical techniques included group and individual instruction. In addition, one camp requested to learn note-reading, and two other camps requested to learn tablature. These musical techniques were chosen based on the songs being learned for lyric analysis, song writing, or group music making. Also, songbooks with lead sheets and chord diagrams were left with the participants for reference.

Selection of music. Music selection was determined by the participants. Music ranged from regionally-based folk music to more popular music from Mexico and the United States. All songs were sung in Spanish. Based on the experiences of the farmworkers or their particular stressors the music therapist suggested a specific song for its lyrical or musical content that is from a preferred musician or group. See Figure 3 for a list of preferred song requested by the participants.

Song Title	Group	Genre	Number of Groups	Themes	Notes
Abrazado de Un Poste	Lorenzo de Monteclaro	Ranchera	1	Love, despair	
Amor te Amo	Tierra Cali	Pop (Michoacán)	5	Love	
Botella envenenada	Los Temerarios	Romantic	2	Love, despair	
Cancion Mizteca	Traditional (Los Tigres)	Traditional	1	Nationalism	
Corrido de Valentin de la Sierra	Traditional	Corrido	1	Nationalism	
De Que Me Presumes	Lupillo Rivera	Latin (Jalisco)	1	Nationalism	
Dos Cartas y Una Flor	Los Caminantes	Regional (Guanajuato)	2	Love	
Dos Horas Un Dia	Banda Pequeños	Banda	1		
En el Muelle de San Blas	Maná	Pop	2	Crazy Love	
Hijo Desobediente	Traditional	Corrido	1	Nationalism	
Las Mañanitas	Traditional	Waltz	5	Birthday Song	
Mariposa Traicionera	Maná	Pop	1	Love	
Me Volvi Acordar de Ti	Los Bukis	Pop (Michoacán)	2	Love	
Obra Maestra	Banda Pequeños	Banda	1	Love	
Otra Navidad Sin Ti	Los Bukis	Pop (Michoacán)	1	Love, migration?	
Palabras Tristes	Los Yonic's	Balada	3	Love	
Para Siempre	Vicente Fernandez	Romantic	2	Love	
Por qué te amo?	Tierra Cali	Pop (Michoacán)	1	Love	
Que te vaya Bonito	Vicente Fernandez	Waltz	4	Lost love	
El Reloj	Traditional Los Tigres	Waltz	1	Love	

Si Tu Te Vas	Tierra Cali	Pop (Michoacán)	5	Love	
Supe Perder	Los Caminantes	Regional (Guanajuato)	2		
Te Amo Mama	Marco Antonio Solis	Romantic	1	Family love	
Te Quiero Tanto	Los Temerarios	Cumbia	2	Love	
Tu Carcel	Los Bukis	Pop (Michoacán)	3	Love	
Tumba Falsa	Los Tigres	Pop-norteño	3	Lost Love	
Una Pagina mas	Ezequiel Peña	Ranchera	2	Love and Wisdom	
Vida Prestada	Los Originales de San Juan	Pop-norteño	2	Life	

Figure 5. *Songs Requested by Camps in the Music Therapy Condition*

Singing and group music-making. After the instrument learning portion of the session, previous songs learned were reviewed for group singing and music-making. Participants were instructed in basic breathing techniques and the overall health benefits of singing. During group music-making, participants were encouraged to work as a group to create music by listening to one another and working together to create the sound they desired. Peer leadership was also encouraged.

Song writing. Participants were encouraged to engage in song writing on multiple occasions through impromptu lyric changes and through a more structured approach. Participants were encouraged to write songs individually during the week as well, if they felt more comfortable using this tool independently. In addition, participants were encouraged to write songs for their children or loved ones at home in Mexico. Groups who engaged in song writing, also worked on playing and recording their songs for a CD or DVD.

Lyric and music analysis. Specific songs were chosen based on their subject content for lyric analysis. Themes in the songs were identified and the farmworkers discussed the lyric content as well as the music content. Some questions that were included in lyric analysis were:

- 1) What was the overall theme of this song?
- 2) Select one line of the song that really means something to you. Why did you choose that line?
- 3) What does this song teach us about ways of dealing with our problems?
- 4) How do you relate to this song and its theme?
- 5) Do the rhythm and melody reflect the mood of the song or are they different?
- 6) Does the style of this song (*ranchera*, son, etc.) seem to be the best fit or would another style be better?

Participants were encouraged to examine the song not only for its lyrical content, but for its musical content and style.

Improvisation. As participants became more familiar with their instruments, improvisation was encouraged. Initially basic percussion instruments were used to encourage improvisation, but the participants were more motivated to work with their melodic instruments (accordion, keyboard, or guitar). The participants first learned basic solos from the songs they were learning through listening and learning parts with tablature. After they felt comfortable playing a solo part with the rest of the group supporting them, then the participants were encouraged to create their own musical parts. Groups who engaged in improvisation also made recordings for a CD or DVD.

Music assisted relaxation. Music assisted relaxation was taught as a technique to help deal with stress. This technique utilized a set script that incorporated either progressive muscle relaxation or imaging a ball of light moving throughout the body. Both forms of music-assisted relaxation focused on bringing relief and comfort to the body as opposed to imagery-based relaxation. The music selected for this type of experience included finger picked guitar. The music therapist and one of the research participants made recordings of the

research assistant reading the script with appropriate pauses and room for breath while the music therapist accompanied her with the guitar. Recordings of these experiences were left at the camps for the participants to access as needed. (See Appendix I for script).

Individual and group music making. Participants were given weekly assignments to practice as individuals and in a group setting between sessions, based on the recommendations from Phase 1. These exercises were based on individual and group needs, both musical and social/emotional. Some exercises included rewriting a verse to a song, practicing with a weaker/stronger player, writing a song together as a group, or practicing techniques to improve playing. These exercises were optional and are only intended to improve group interaction and group music making.

Closing. Each session was concluded with a reflection of the session and the ideas and songs learned. During this time weekly assignments were given and song choice was discussed for the following week. The closing was a natural extension of what occurred in the session, rather than a set experience.

Termination. The farmworkers were aware from the beginning that the treatment would last for only a few weeks. However, due to the short-term nature of the sessions, termination was still an important aspect of the therapeutic process. It was essential that the farmworkers felt like they had gained some techniques and resources to assist them in dealing with stress and to encourage them to support one another during difficult personal times.

Posttest

After a period of 7-10 weeks, participants in the comparison and music therapy conditions completed the posttest questionnaire. This three week variation was due to two factors 1) the number of music therapy sessions each music therapy camp had and 2) scheduling the interviews with the farmworkers depending on their work levels. Towards the

end of the summer, as work increased, it was more difficult to schedule evening times with the participants. The posttest questionnaire consisted of the *BAI*, *CES-D*, and *Social Isolation* measurements as were included in the pretest questionnaire. The posttest questionnaires were read aloud to each of the participants and took approximately 7-8 minutes to complete. The posttest questionnaires were identical to the pretest questionnaires with the exception of the biographical data that had already been collected.

Follow-up

Follow-up measurements were conducted 3-4 weeks after the posttest questionnaire. Again, this discrepancy in timing was due to scheduling issues with the participants' work schedules. The follow-up measurement consisted of the *BAI*, *CES-D*, and *Social Isolation* measurements. Each follow-up interview lasted approximately 7-8 minutes. Participants in the music therapy condition were also asked if they had been playing music during posttest and follow-up. After the completion of the follow-up questionnaire, individuals in the music therapy condition were also engaged in group music-making as per participants' request. The follow-up questionnaires were identical to the posttest questionnaires.

Data analysis

All data were analyzed using PASW® 18.0 (the most recent version of SPSS ®). A split-plot factorial analysis was used. Outliers for both the music therapy group and the comparison group were Winsorized (Field, 2005). However, even with this manipulation of the data, Box's M was significant for both the Social Isolation and the BAI measurements. Therefore, due to the violation of homogeneity and normality, nonparametric tests were run to compare pretest, posttest, and follow-up scores within and between groups. Eta square was calculated to obtain effect sizes at posttest and follow-up for each measure.

Phase 2 (Part B): Focus Group Interview

Participants

Nine participants from two of the music therapy camps participated in the focus group interview. The participants ranged in age from 21 to 60 years of age and were from varying locations in Mexico. The participants had been in the United States for varying amounts of time. All of the participants had legal documentation to live and work in the United States and all worked for the same grower. Each participant was given a number by which he was referred to during the interview to protect anonymity from the researcher during the analysis process.

Interviewer

A bi-lingual, male intern with the Appalachian Regional Healthcare System Farmworker Health Program led the interview. He was trained in research ethics prior to administering the interview as well as in techniques for eliciting additional information from the participants if they were reluctant to answer the questions. This was the same intern who conducted the interviews in Phase I and new ethics review regulations required the additional training. The intern was chosen based on his familiarity with the participants as trust had already been established through contact with the Farmworker Health Program. The research assistants were not used for this task in order that the interview be less biased, and questions determining the role and value of the research assistants could be asked. The intern was also responsible for translating the focus group questions and transcribing and translating the focus group interview.

Camp selection

Two camps from the music therapy condition were chosen purposefully due to their proximity to one another, camp size, homogeneity of participants, and work schedule. These

two neighboring camps had 100% participation in the music therapy condition with a total of nine participants. The camps each contained all documented workers that allowed for a more homogeneous sample. In addition, neither of these camps were returning to Mexico during the growing season and would be available for an interview.

Setting

The interview was held at the home of one of the camps. The other camp joined them at the agreed upon time.

Procedure

This part of the study was approved by an additional ethics review. After the intern (interviewer) had obtained research training and after the participants had completed the followup measures from the quantitative portion of Phase 2, the intern contacted the camps to see if they would be interested in participating in the focus group interview. The intern went to the home of one of the groups and all of the participants met at that location. The consent form was read aloud to participants and they verbally agreed to participate in the study.

The focus group lasted approximately 45 minutes during which time all participants contributed to answering the questions. The focus group interview was recorded using an ipod ® with a microphone. It was transcribed verbatim and translated by the intern. Please see Appendix H for a complete English-language version of the interview.

Analysis

The analysis was completed using the same procedure as in Phase I. Please see page 132 for a complete description. However, where this method differed was in regard to open coding versus concept coding (Kvale & Brinkmann, 2009). This interview was only analyzed using open coding due to some of the responses of the farmworkers which are presented in the next chapter.

Member Checking

As with Phase I's focus group interview, it was not possible to check with the participants for accuracy of the results as they had already returned to Mexico for their three-month break. This interview was read by a trained qualitative researcher who identified where specific questions might be leading and the information gained from the data might not be reliable. These areas will be addressed in the next chapter.

Chapter 10: Results

Quantitative Results

The purpose of Phase II was to determine music therapy's effects on depression, anxiety, and social isolation. This was compared to the effects of general stress education that incorporated listening to preferred music selected by the participants.

Control Variables

Six control variables were used to determine that the music therapy and comparison camps were similar in their composition at pretest. These included (a) age, (b) years of education, (c) age they came to the USA for the first time, (d) number of years as a farmworker, (e) visa status and (e) marital status. One-way ANOVAs determined that the groups were not statistically different in terms of age, education, first time in the US, and number of years worked as a farmworker. See Table 7 for means, standard deviations, and *F*-values.

Table 7. *Means and Standard Deviations for Continuous Control Variables by Group*

Condition	<u>Music Therapy</u> (<u>n = 26</u>)		<u>Comparison</u> (<u>n = 30</u>)			
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<i>F</i> (1, 54)	<i>p</i>
Age	33.96	10.36	34.83	10.01	.00	.72
Education	6.15	4.05	6.00	3.85	.02	.89
Age first time in USA	25.50	7.57	27.80	9.05	1.05	.31
Years as a farmworker	7.42	6.94	5.53	4.02	1.61	.21

A chi-square analysis determined the groups were significantly different in terms of both visa status and marital status. Frequencies and counts are shown in Table 8.

Table 8. *Frequencies for Visa and Marital Status by Group*

Condition	<u>Music Therapy</u>		<u>Comparison</u>			
Variable	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	χ^2	p
Visa	84.6%	15.4%	60%	40%	10.29	.001
Married	69.2%	30.8%	70%	30%	8.64	.003

Pretest (baseline) data

Means and standard deviations for dependent variables at pretest are shown in Table

9. *Levene's* test confirmed that the assumption of homogeneity of variance was met (p 's > .10) for each of these variables at pretest. One-Way ANOVAs showed that there were no significant differences at pretest between the groups for these dependent variables..

Table 9. *Pretest Means and Standard Deviations of Dependent Variables by Group.*

Condition	<u>Music Therapy</u>		<u>Comparison</u>			
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	$F_{1, 54}$	p
CES-D	7.78	4.46	9.70	5.93	1.67	.20
Beck Anxiety Inventory	7.61	6.84	9.43	9.11	.64	.43
Social Isolation	22.17	3.64	20.40	3.61	3.13	.08

Note: CES-D = Center for Epidemiological Studies Depression Scale

Correlations between Control Variables and Pretest Measures

Spearman's correlations were computed to explore the relationships between control variables and pretest levels of dependent variables (see Table 10). The results revealed that

there were significant correlations only for the age the farmworker first came to the United States with *CES-D* and *BAI* scores. Both of these correlations were negative. Since the groups did not significantly differ on these two variables, they were not used as covariates.

Table 10. *Correlations Between Measures and Control Variables*

Variable	<u>CES-D</u>	<u>BAI</u>	<u>Social Isolation</u>
Visa	-.26	-.26	-.10
Marriage	-.02	-.21	.01
Age	-.14	-.20	-.05
Education	-.09	-.05	.10
Age first time in USA	-.30*	-.35*	-.24
Years Worked	-.06	-.30	.12

* significant at the .05 level

Note: CES-D = Center for Epidemiological Studies Depression Scale, BAI = Beck Anxiety Inventory

Non-Parametric Comparisons

As this design utilized repeated measures across three time points for two conditions, data first were analyzed using a mixed ANOVA. However, *Box's M* was significant for both the *BAI* ($M = 17.15, p = .018$) and *Social Isolation* measurements ($M = 38.42, p < .00$), indicating that the data violated homogeneity of variance. Transformation of data failed to correct this violation. Therefore, the data for quantitative dependent variables were analyzed using Kruskal-Wallis one-way ANOVAs. Means and standard deviations for non-transformed means for dependent variables are shown in Table 11.

Table 11. *Means and Standard Deviations for Dependent Variables*

Condition	<u>Pretest</u> MT (<i>n</i> = 23) C (<i>n</i> = 30)	<u>Posttest</u> MT (<i>n</i> = 22) C (<i>n</i> = 25)	<u>Follow-up</u> MT (<i>n</i> = 18) C (<i>n</i> = 19)
CES-D			
Music Therapy	7.78 (4.46)	3.91 (3.05)	4.06 (4.14)
Comparison	9.70 (5.93)	6.24 (4.83)	7.79 (6.21)
Beck Anxiety Inventory			
Music Therapy	7.61 (6.84)	6.14 (6.45)	3.05 (6.96)
Comparison	9.43 (9.11)	5.88 (6.70)	8.42 (8.83)
Social Isolation			
Music Therapy	22.17 (3.64)	20.91 (4.28)	21.44 (5.06)
Comparison	20.40 (3.61)	18.40 (3.67)	20.35 (4.26)

Note: CESD = Center for Epidemiological Studies Depression Scale, MT = music therapy, C = Comparison

CES-D

Figure 4 shows mean depression scores from pretest to follow-up by group.

Independent Samples Kruskal-Wallis Tests (Table 12) indicate the distribution of ranks across the music therapy and control groups were the same at pretest ($H(1) = 1.80$, $p = .18$), posttest ($H(1) = 2.72$, $p = .099$) and at follow-up with ($H(1) = 3.50$, $p = .061$).

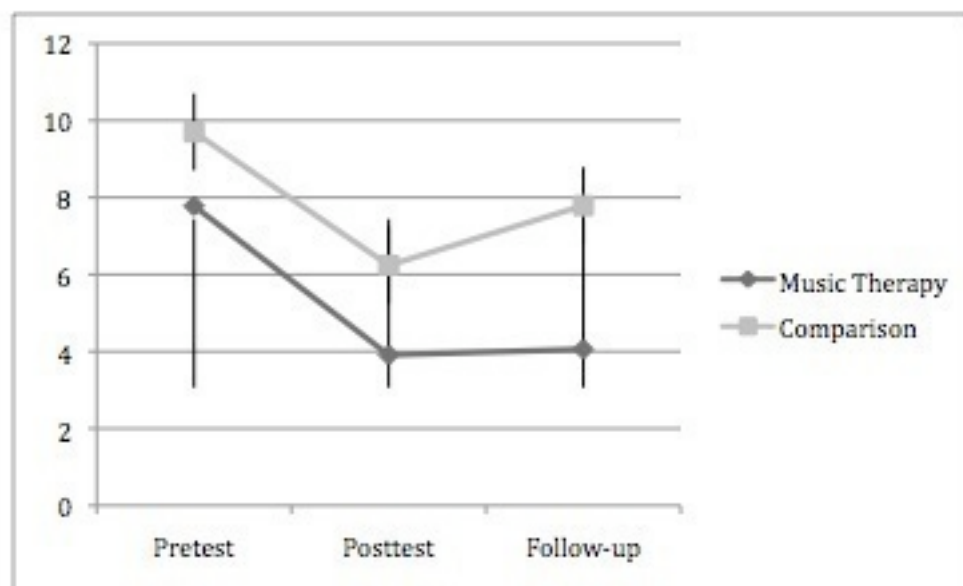


Figure 6. *Mean Depression Scores at Pretest, Posttest, and Follow-up by Group*

Figure 5 also shows these mean ranks by condition from pretest to follow-up.

Table 12. *Mean Ranks and Kruskal-Wallis H-values for Depression Scores by Group*

	Pretest	Posttest	Follow-up	H_1	p
Music Therapy	23.76	20.50	15.61	1.8	n.s.
Comparison	29.48	27.08	22.21	3.5	n.s.

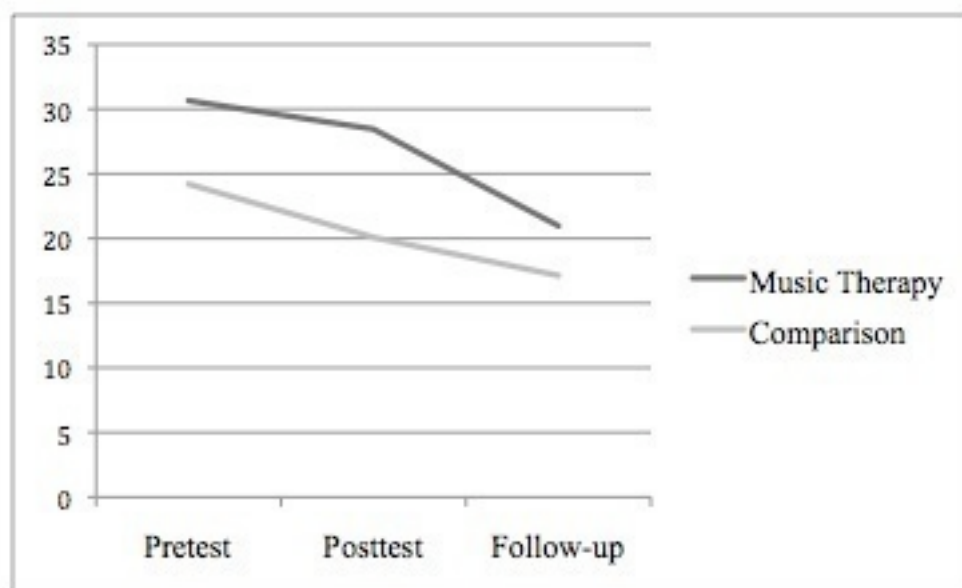


Figure 7. *Kruskal-Wallis mean ranks for Center for Epidemiological Studies Depression Scale*

Friedman's test indicated that there was a significant change in both the music therapy and comparison group's scores from pretest to follow-up (Table 13).

Table 13. *Friedman's Test for Center for Epidemiological Studies Depression Scale from Pretest to Follow-up by Condition*

	Pretest	Posttest	Follow-up	$Q(2)$	p
Music Therapy	2.47	2.03	1.50	10.03	.03
Comparison	2.55	1.74	1.71	7.28	.007

Beck Anxiety Inventory (BAI)

Means and standard deviations for anxiety scores by group are shown in Table 11.

Figure 6 shows the mean scores from pretest to follow-up by group.

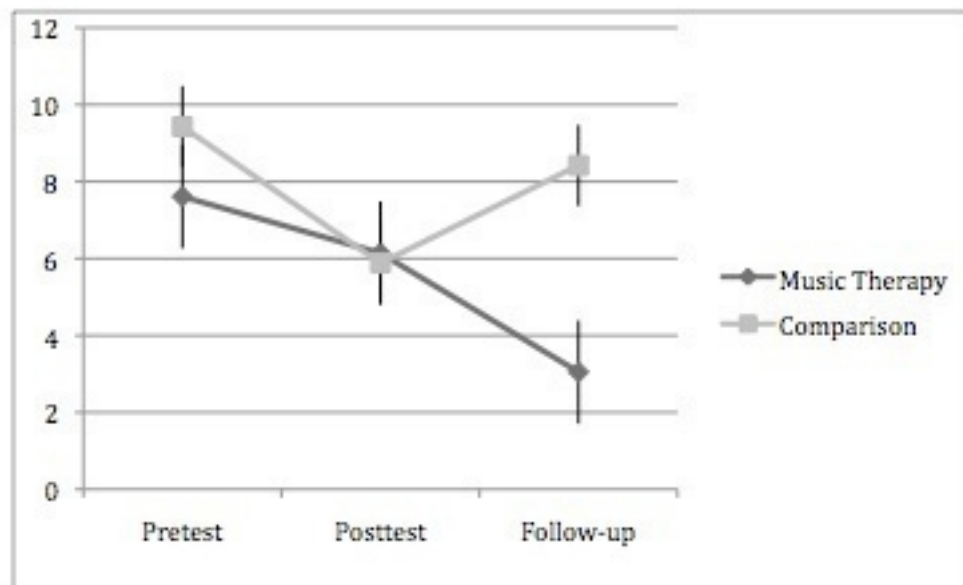


Figure 8. *Mean Anxiety Scores at Pretest, Posttest, and Follow-up*

Independent Samples Kruskal-Wallis Tests indicate the distributions across the music therapy and control groups were the same at pretest ($H(1) = .272, p = .602$), posttest, ($H(1) = .056, p = .814$), and follow-up ($H(1) = 2.791, p = .095$). Mean ranks can be found in Table 14 and Figure 7.

Table 14. *Beck Anxiety Inventory Mean Ranks*

	<i>Pretest</i>	<i>Posttest</i>	<i>Follow-up</i>
Music Therapy	25.74	24.50	16.64
Comparison	27.97	23.56	21.24

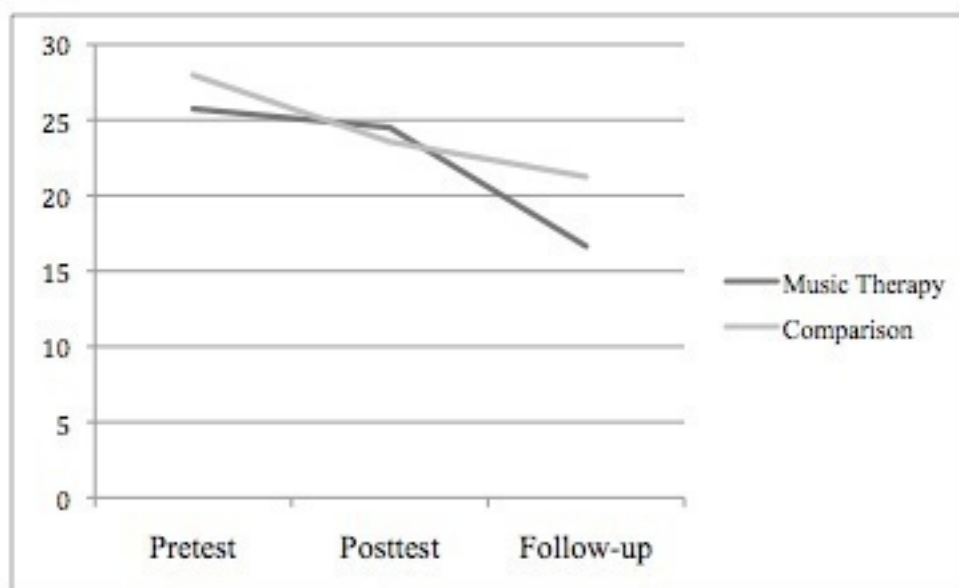


Figure 9. *Kruskal-Wallis Mean Ranks for Beck Anxiety Inventory*

Social Isolation Means and Standard Deviations

Social Isolation means and standard deviations can be found in Table 11. Figure 8 shows mean scores from pretest to follow-up by group.

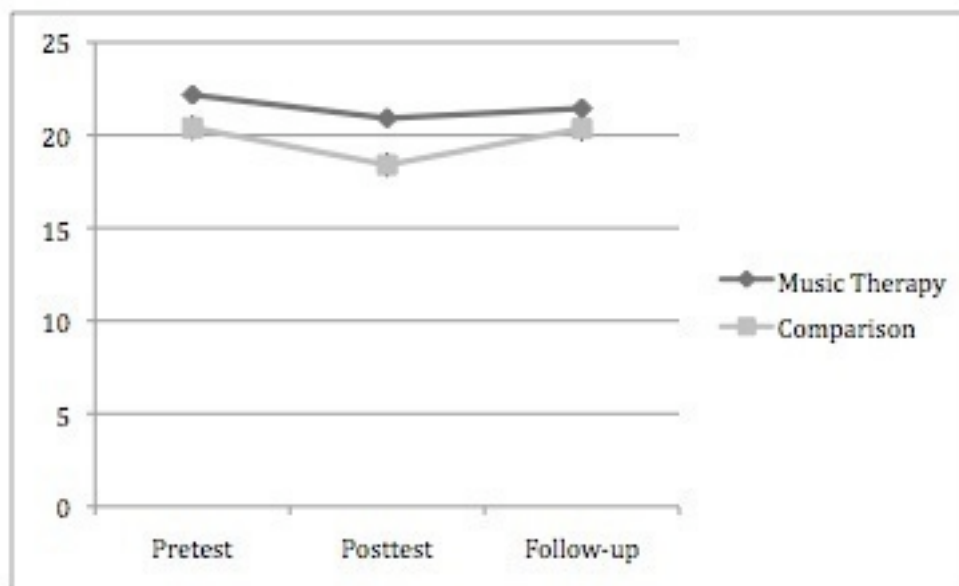


Figure 10. *Mean Social Isolation Scores*

Independent Samples Kruskal-Wallis Tests indicate the distribution across the music therapy and control groups were the same at pretest ($H(1) = 2.29, p = .130$), but not the same at posttest. A post hoc *Mann-Whitney U* was run on the posttest scores. However, the post hoc

analysis indicated there was not a significant difference for condition ($\alpha > .02$). A *Bonferroni* correction was used to insure that Type I errors did not build up to more than .05 (Field, 2005). Independent Samples Kruskal-Wallis Tests indicate the distribution across the music therapy and control groups were the same at follow-up. Table 15 and Figure 9 show mean ranks for Social Isolation scores at each time point.

Table 15. *Social Isolation Mean Ranks*

	<i>Pretest</i>	<i>Posttest</i>	<i>Follow-up</i>
Music Therapy	30.65	28.45	21.33
Comparison	24.20	20.08	16.79

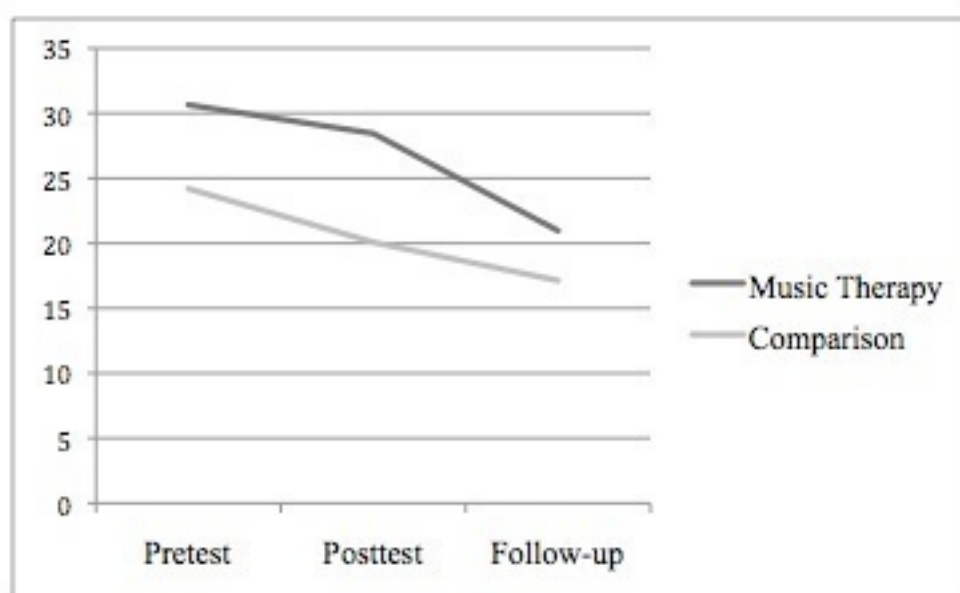


Figure 11. *Kruskal-Wallis Mean Ranks for Social Isolation Measure*

Effect Sizes

Eta squared was calculated for each measure from pretest to posttest and pretest to followup. Please see Table 16 for pre-post and pre-follow-up effect sizes. Based on these results, the proportion of the variability in the CES-D at posttest and follow-up accounted for by the music therapy indicated a medium effect size. The proportion of the variability in the BAI at posttest indicated no effect size, while at follow-up a small effect size was found.

Finally, the proportion of the variability in the Social Isolation at posttest was medium, but at follow-up was small.

Table 16. *Pre-post and Pre-Follow-up Effect Sizes*

Measure	Pre-post η^2	Pre-Follow-up η^2
CES-D	.06	.10
BAI	.00	.05
Social Isolation	.10	.05

Note: CES-D = Center for Epidemiological Studies Depression Scale

Correlations Between the Measurements at Pre, Post, and Follow-up

Correlations were calculated between the measures at pre, post, and follow-up time points using both the comparison and music therapy groups combined. Pearson's correlation coefficients were used to examine correlations among variables at pretest.

Pretest. Spearman's correlation coefficients (see Table 17) showed that the *CES-D* scores were significantly correlated with both the BAI and Social Isolation scores at pretest. Social Isolation scores were not significantly correlated with the *BAI*.

Table 17. *Spearman Correlation Coefficients with Significance Levels for Pretest Dependent Variables*

	BAI	Social Isolation
CES-D	.513**	.495**
BAI		.201

** Significant at the .01 level (2-tailed)

Note: CES-D = Center for Epidemiological Studies Depression Scale, BAI = Beck Anxiety Inventory

Posttest. Spearman's correlation coefficients (see Table 18) showed that the *CES-D* scores were significantly correlated both the BAI and Social Isolation scores at posttest. The

Social Isolation measure was significantly correlated with the *BAI*.

Table 18. *Spearman Correlation Coefficients with Significance Levels for Posttest Dependent Variables*

	<i>BAI</i>	<i>Social Isolation</i>
<i>CES-D</i>	.453**	.301*
<i>BAI</i>		.430**

*significant at the .05 level (2-tailed) ** significant at the .01 level (2-tailed)

Note: *CES-D* = Center for Epidemiological Studies Depression Scale, *BAI* = Beck Anxiety Inventory

Follow-up. Spearman's correlation coefficients (see Table 19) showed that the *CES-D* scores were significantly correlated both the *BAI* and Social Isolation scores at follow-up.

The *Social Isolation* measure was not significantly correlated with the *BAI*.

Table 19. *Spearman Correlation Coefficients with Significance Levels for Follow-up Dependent Variables*

	<i>CESD</i>	<i>BAI</i>	<i>SOCIAL</i>
<i>CES-D</i>		.515**	.630**
<i>BAI</i>			.594**

Posttest correlations ** significant at the .01 level

Note: *CES-D* = Center for Epidemiological Studies Depression Scale, *BAI* = Beck Anxiety Inventory

Qualitative Results: Focus Group Interview

Two categories emerged from the focus group interview. These were: *Relationships* and *Participation in the Study*. Each of the codes within these categories will be discussed independently.

Relationships

Four main codes of relationships were found in the focus group interview. These were (a) the participants' relationship to music, (b) the participants' relationships with one another, (c) the participants' relationship with the research staff, and (d) the participants' relationship to the music therapist.

A Changing Relationship to Music. Prior to beginning the study, the participants noted that their relationship to music was only as listeners. Participant 1 stated, "Well, we just liked to listen to it, but we never practiced it." Over the course of the study though, this relationship slowly began to change. The men were interested in learning and knowing more about music, "...to know the music in a little bit more depth" according to Participant 3. This process, they noted, initially began with just learning the rhythm and notes, but eventually it became "something special" (Participant 4). They felt that towards the end of the time together, they became "music fanatics" (Participant 1), because they were not a famous band (Participants 2, 3, 5, and 7). They did not elaborate on this further, but made a few jokes about this topic throughout the interview.

The participants did not identify songs that were more meaningful to them than others. They also did not identify themselves as musicians, but rather as beginner musicians. Finally, they did not speak of their specific instruments, but rather the group making music as a whole.

Relationships with One Another. The group music making and spending time

together was noted to be important to the farmworkers. While the men were able to identify their relationship with music, it also seemed that that relationship was dependent on the relationships they had with one another. When asked if music-making was more important to some individuals than others, the group members said it was important to everyone. In this way, everyone felt included.

Participant 4: I think that the whole group was interested in learning what each one liked, like the keyboard, the guitar, or the accordion. I think that everyone, everyone was interested in the music.

Participant 1: I also think that the group, well, all of us were interested. I don't think that some were interested more than others. Everyone was interested.

The men always spoke as "we," rather than as individuals. The only time they discussed individuality was to mention that some played different instruments, but it was still in the context of the group. Throughout the interview, the participants also joked with one another and with the intern, indicating their positive inter-relationships.

The Relationship with the Research Staff was Valued. The participants also discussed their relationship with the research staff. They noted that all of the research staff that had come to their homes had been kind. Participant 2 noted that the group enjoyed working with the research staff: "...They were very kind to us; they were good people. We complied with them because they helped us a lot." They also discussed specific ways in which the research staff made their experience better. They discussed the way that two of the research staff helped them play the right notes. The participants thought that the research staff also showed their interest in the men by learning the same songs they were learning. Participant 4 said, "They were interested. Them just as much as us. We were interested in everything."

The men valued the research assistants' participation in the group music-making. One of the participants also noted that the relationship with the research staff was a part of the whole aim to reduce stress. He said, "I think the fellowship with them helped. It wasn't all about playing but also we talked there, we hung out. And I think that that also helped us to take away the stress."

Relationship with the Music Therapist. The men spoke frequently about their relationship to the music therapist. When they spoke of the communication with the music therapist, one man said, "Well, what you [the intern] were saying about if she was sincere, I think so because she put a lot of effort into us. In telling us how, and she was patient with us and all that. At that time [at the beginning] we didn't know anything; she was very patient with us." They continued throughout the interview to talk about the patience the music therapist had. For example, *Participant 4* stated, "I think that a woman has more patience than a man," when referring to having a female teacher instead of a male teacher. In this portion of the interview, the participants also noted their respect for the music therapist. *Participant 2* stated, "Yes well, it was different, because if a man came or something, well, we would have been carrying on, but you always show respect to a woman. And it's better; I mean, it was all good; we respected her too."

In addition to the participants' view of respect for the music therapist, they also felt valued by the music therapist. *Participant 1* stated, "Yes, everything was very clear, and she was honest with us, too." *Participant 2* furthered this, "Like I said, she gave us time; she was honest with us, too." And finally, *Participant 1* said, "She understood us."

The participants also thought the music therapist showed interest in them by showing up on time. *Participant 1*: "I also saw the interest. I think that, well, she would say such and such a time and that was the time that she would get there. She wouldn't be like 'maybe I'll

go later' always the time she said, that was when she got here." While this was not a specific question, timeliness was valued by the farmworkers. They noted that they did not have much free time, and so it was important to them that the music therapist respected their time.

As far as the song selection was concerned, the participants noted that the music therapist always brought in the songs that they were interested in.

Participant 1: Yes well, sometimes we would say that we wanted to play some song, and the next time she came, she would bring the song.

Intern: That song?

Participant 1: Yeah. She would look for it and bring it for everyone.

Intern: What else?

Participant 5: I think that she would always let us do what we wanted to do, also. She would ask us which one we wanted to play, what we wanted to do during that time. And that's what we would do always. She was the one that gave us the option of choosing what we wanted to do. She always did it like that.

In general, they noted the amount of choices they were given. They also mentioned song choice and instrument choice.

Finally, Participant 2 stated, "And that she was a very good person to us, Melody. With all of the workmates...and also tell her thank you very much on behalf of everyone. She helped us.

All of the codes in this category can be interpreted as the participants' self-understanding (Kvale & Brinkmann, 2009). The farmworkers explored the value of relationships demonstrating a greater self-understanding. They identified specific behaviors and actions that led to relationship development among the farmworkers, the research staff, and with the music. When looking at these codes from a critical commonsense understanding,

it is apparent that relationships in general are valued by the farmworkers. Relationships appear to be key to their understanding of the world and the interconnectedness that they have with one another. Finally, when interpreting their responses from a theoretical level it is apparent that relationships are key to developing a strong working relationship in terms of PAR, particularly as it is defined by Koch and Kralik (2006). While this section did not directly address PAR, critiquing it from the lens of PAR highlights key factors that are valued by the farmworkers in terms of relationship building and collaboration, especially for future projects.

Participation in the Study.

Within the broader category of *Participation in the Study*, three main codes were found: (a) communicating within the study, (b) interest in the results, and (c) recommendations for future projects. Each of these are outlined below.

Communicating within the Study. The men noted that they had honest and open communication with the music therapist/researcher and the research staff. They identified this type of communication as being important to them. They also felt that the research program created a cooperative environment that was inclusive of all of the individuals. They discussed this cooperation, not just between the music therapist and participants, but also among the research staff, music therapist, and participants. Their description of the cooperative environment showed that everyone was participating in his own way. In addition, they also noted the research staff's interest in the participants and their own interest in the research (which will be discussed in the context of the results below). Finally, the inclusion of their ideas also was briefly touched on during the interview. They noted that the music therapist brought in the songs they requested and they discussed that each participant picked his own instrument.

Farmworkers Interest in the Results. First, the men were very interested in the results of the research. They felt that the intervention positively impacted their stress.

Intern: How was your stress affected through playing the music?

Participant 2: Well, it improved a lot.

Participant 3: No, well it wasn't affected, it improved.

Various: Yeah, yes

Participant 7: It has helped a lot.

Participant 6: Well, it didn't get worse.

Intern: I meant to say, how did it help your stress?...

Participant 1: The stress stayed...

Participant 6: The stress went out...

Participant 4: It did help because sometimes you get home, no not sometimes, always, you come home tired all of that. You get stressed, you get in and... When we would get in we would be thinking about was coming home and playing the instrument. And in playing it a little bit you would forget about the tiredness...everything.

The men also felt that the intervention was an effective way of dealing with stress. The participants discussed their experience with forgetting the stress in this way:

Participant 1: I think so because if someone starts playing something you start to forget about all the other things, and they concentrate on what they're doing. One starts to...

Participant 4: You forget about work, you forget about the family, in that moment, and you even forget about cooking, everything. You forget yes. You're just there, concentrating, playing the music... Yeah, well as far as I'm concerned it relaxed me well...After classes, and after having practiced playing the instrument.

Participant 5: I think the fellowship with them helped, it wasn't all about playing but also we talked there, we hung out. And I think that also helped us to take away the stress.

Participant 4: ...It's true, just like [Participant 5] says, we would get here and they would all talk, they would talk and you would forget for the moment.

Participant 1: What would they say?

Participant 4: No, well, Jokes, about the music and all that. And yeah that was all good.

Even though they felt that the intervention was personally an effective way of dealing with the stress, they wanted to know the results of the questionnaires that contained the three mental health measurements (CES-D, BAI, and Social Isolation Scale). They also appeared frustrated with the music therapist/researcher for not sharing the results of the project with them prior to the focus group interview.

Participant 5: But we never knew if there were changes or not [in their stress].

Participant 3: That is what she's going to tell us when she comes back I think.

Participant 2: There in the answers, she was going to study what we answered.

Participant 5: Supposedly those were the results of the program, and she never gave it to us. She never told us whether it affected us or not. Or how it had affected us. And I think it would be good to know how to be able to improve our stress ourselves too. So that we can find a way to relieve or take away stress without her. But she never gave us those results. I mean. Yes, she gave us the same questions at the beginning and at the end, but she never told us whether it had affected us or not.

Participant 2: That's true.

Participant 1: Well I think that's what's missing, right? For her to come back.

Participant 5: To give the results.

Participant 1: To give the results

Participant 2: Yeah, really, because like he says we didn't know how we improved.

Participant 4: If there was improvement.

Participant 5: Yeah, we felt better there when we would see the music-when we would practice the music. But we didn't know if it was good or bad.

After other comments...

Participant 7: We want to see what kind of change there was.

Participant 8: The results.

At the end of the focus group interview, the participants reiterated their need for the results.

Participant 1: I think that the only thing that I would like to say is like, that they would give us the results to know if there were changes or not.

Intern: And I'm going to speak with her [the researcher] about that. Since you guys told me you're interested in knowing that. Because that's important, so that you would know, too.

Participant 4: Did we pass, or didn't we?

The men noted that they were very confused with the questionnaires that contained the three mental health measurements. Participant 5 said, "I didn't understand what they (the questionnaires) were for. I didn't understand why." As noted in the conversation above about the results of the research, the men also viewed the questionnaires as a test. They were interested in knowing if they had passed the test or failed the test. They did not view the questionnaires as a way of measuring their current stress level or mental health, but rather as a test of their accomplishments or lack thereof.

Recommendations for Future Projects

The men gave many suggestions and ideas for future research. Regarding the questionnaires, it is apparent that more information needs to be given about the meaning behind them in a follow-up meeting. Additionally, the men stated at first that they wanted a break in the middle of sessions, but then later on in the interview, they thought that a break might make them remember all of their stress. Participant 2 said, “So I guess we shouldn’t ask for a break. Cause if they give us a break, we’ll start thinking again.” They also said they wanted to learn more instruments. They thought that bringing in drums might be helpful, too, so that rock music could be created.

Finally, the men gave other practical ideas for future research and work with farmworkers, particularly those working with Christmas trees who harvest them in November. Participant 5 thought that stress should be evaluated during the month of November when the working days are longer and the men are preparing to go home to Mexico. He said, “At the beginning everyone starts out fine. Everyone starts out normal, but as the weeks go passing by, people get more tired and I think that there starts to be conflict between themselves.” Then *Participant 2* said, “Around that time we don’t have hardly any time, that’s the problem.” *Participant 5* continued to describe the need for the researchers to simply observe the men, particularly in the fields. He was looking for information as to why they have the stresses and problems they do with one another and how to fix them. He said,

But I think that it shouldn’t be here in the house, or...but they need to go to the fields and observe us and see us work and realize when the problems start when the people start to have problems. And to see why they have those problems. I think that, that’s what I would say that they should do but not to burden us anymore, I mean not to keep us from resting more because that would give us more stress.

In this way, this participant was strongly advocating for a new type of research that offered a

completely different approach to the study. It is apparent from his perspective that the farmworkers felt a greater amount of stress in the fields and perhaps felt that their home should only be used as a place of relaxation and rest. It is apparent that simply observing the men over time, during the most stressful time, would provide answers and information to their stress levels and ways to reduce them while they are working.

The farmworkers' presented a self-understanding (Kvale & Brinkmann, 2009) of their work within the music therapy sessions and research, particularly in regard to their interest in the results and recommendations for future projects. They reflected upon how they improved their overall stress, but wanted to know if the results also showed what they were experiencing. They expressed their frustration with the music therapist for not having shared the results with them at the time of the interview. Another aspect of these findings can be reflected upon with a critical commonsense understanding in regard to how the men viewed their experience within the music therapy sessions. They were able to talk about the positive aspects of their experience such as the potential for music therapy to decrease their stress and the relationship building that occurred with the research staff. They also were able to reflect upon the not as positive aspects of working within this research project such as not knowing the results and the need for clearer communication. When reflecting on these findings from the perspective of PAR as defined by Koch and Kralik (2006), it is apparent that clear communication is needed when working with farmworkers. They want to know more about the overall research process and have very clear suggestions for how research should be conducted with them.

Categories Across Both Phases of Research

When viewing the three focus group interviews across the two phases, two main categories emerged, particularly for the music therapy condition. These categories,

Relationships and Participation in the Research. Each of these categories demonstrates farmworker values and their own personal knowledge and insight into how they want to be treated as participants in research.

Relationships

The farmworkers from the music therapy condition from Phase I and Phase 2 identified patience as one of the attributes that was important for the music therapist to have in developing a relationship with them. Both groups also talked about how their ideas were heard and that the music therapist listened to the types of music they wanted to learn. Respect and trust were also important in establishing and developing relationships among the farmworkers, music therapist, and research staff. Participants in both music therapy focus groups noted that the participation of not only the music therapist, but the research staff contributed to the overall positive atmosphere created through the music therapy.

Participants in the control group did not experience this relationship development in the same way. They did not have a relationship with the research staff or the music therapist. Consequently, they felt uncomfortable answering the study questionnaires. Additionally, they did not engage as readily in stress education exercises.

Participation in the Research

Participants in the music therapy conditions across phases identified ways in which they benefitted from the music therapy intervention as a part of the research. They described how the intervention helped them decrease their stress and potentially improve the overall camp atmosphere through group music-making. Some of the participants from the control condition in Phase I found the stress education exercises to be relaxing. However, overall they did not find it to be more helpful, particularly when it was compared to already existing coping mechanisms.

Participants in both the control and music therapy conditions identified ways in which the study could be improved. The control condition thought having more copies of the music CD's would be helpful in accessing the music. Participants in the music therapy condition provided more suggestions for music therapy interventions. They provided suggestions for expanding on the musical possibilities through additional songs, instruments, music activities, and expression.

Participants in both conditions identified ways that the research could be improved. Participants across conditions found the questionnaires to be confusing and found the questions to be repetitive. They did not clearly understand the purpose of the questions and why they were filling them out. In addition to critiques of the questionnaires, the farmworkers also identified ways that the research protocol could be improved. Some of the participants in the music therapy condition requested additional music therapy sessions, and others thought that an intervention would be helpful when they were experiencing the highest amount of stress, particularly during harvesting season.

Finally, all of the groups identified ways that working with the farmworkers that were helpful and ways that were unhelpful. The music therapy groups felt that the research staff arriving on time and showing them attention by listening and participating in the music was helpful. However, the control condition did not feel that they had this relationship with the research staff, and felt they were neglected and being used.

Relationships were noted to be important to the farmworkers. For the music therapy conditions, they valued their relationship with the researcher/music therapist and the research staff. Those in the control group noted that they did not have much of any relationship with the research staff overall, which made them feel used by the research. The farmworkers contributed in many ways to the overall structure and process of the music therapy research.

They provided feedback as to ways of working and components of research that were useful to them, as well as ways of working and components of research that were not helpful.

Conclusion

The two categories that emerged from this interview were Relationships and Participation in the Study. As in Phase I, the men were able to articulate and reflect upon their experience in the music therapy sessions and in the research. Despite the interview lacking robustness, useful information was still generated through this conversation with the interviewer. The next chapter addresses this issue and other findings generated from Phase II.

Chapter 11: Reflections on Phase II

This section will contain a brief reflection on the second phase of the research. Some of the changes from Phase I to Phase II will be discussed. The extent to which these influenced the overall results pertaining to the research questions will be discussed more thoroughly in the Discussion chapter. This section covers information that was gained from the research or the research process that might not particularly pertain to the research questions, but is of benefit when reviewing the study.

Only Western camps. One of the biggest changes from Phase I to Phase II was the absence of camps in the Eastern part of the state. Since groups in the Western part of the state in Phase I had better mental health, significant results may have been found if only Eastern camps had been used. However, due to logistical constraints and lack of a strong partnership between the researcher and farmworker health program in the Eastern part of the state it was not possible. However, having all of the camps in one part of the state allowed for tremendous flexibility in terms of scheduling, particularly when the farmworkers' schedules began to change during certain agricultural needs.

Orientation period. The orientation period served its purpose of providing some rapport building with the camps prior to beginning pretest interviews. While this may have affected the results, as a researcher, it felt more ethical as the farmworkers were able to take time to think about whether they wanted to participate in the study and it gave them time to ask questions. It also felt like it slowed down the pacing of the overall research process.

Removal of measurements. Shortening the questionnaires by so many measurements from Phase I to Phase II was done seemed to remove some of the logistical burdens of the RCT off of the farmworkers. While the questionnaires were still far from ideal, the time that they took to complete it was drastically reduced and the repetitive nature of the questions was

shortened. There were definite drawbacks to the shortened questionnaire however. The MFWSI was not used and could have been helpful in identifying specific farmworker stressors.

Comparison Group. Working with the comparison group during Phase II based on the control group in Phase I's suggestions (as described in Phase I's reflections) provided them with more of an intervention than in Phase I. While this intervention could have contaminated the quantitative results, working with them more directly throughout the research process, from the orientation period to the follow-up testing at the end of the study offered the time to establish relationships and to get to know them more than the control group in the previous phase of the research. This relationship building was essential in acquiring the best possible data from the quantitative interviews.

Focus group interview. The data generated from the focus group interview lacked robustness. While I was at fault for creating leading questions, the camps that they were chosen were quite talkative during our music therapy sessions and they all knew the interviewer quite well. There must have been many factors involved in why this interview did not garner as much information as the earlier interviews. For example, it took place on a Sunday, the only day off for many of the men. Perhaps they wanted to get it done quickly. Additionally, the men might have been more open with a female music therapist than they were with a male interviewer.

Collaboration. While there was some collaboration during the music therapy sessions, it could be argued based on the findings that there was still a top-down approach. The farmworkers offered more suggestions for researching mental health issues that they were experiencing. Their ideas for evaluating their stress levels could be quite interesting and a new approach to both qualitative and quantitative approaches that rely on interviewing the

farmworkers in the evening, after work, in their homes. However, this would require consent from their bosses, which might bring in an additional stressor or complication to the research.

Frequency of Music Making. Men in two of the camps (VC Trailer and Yellow Truck; see Appendix J for further information) reported a greater frequency of music making than the other camps. While statistical analyses were not conducted on their pre-post-follow-up measures, a greater decrease in their overall depression, anxiety, social isolation can be seen than for the other camps. The researcher also learned that these men continued to play music together after the intervention period was over indicating a potential sustainability to the music therapy intervention.

Camps returning to Mexico. Many camps returned to Mexico during the growing season, which did not provide the possibility of recruiting more camps for participation. The farmworker health program had never seen this happen before, but apparently there was a large saturation of Christmas trees in the market, and farmers were no longer able to employ as many workers due to the Christmas tree prices. This caused some of the camp sizes to be much smaller than in previous years and many of the farmworkers expressed their stress about not having enough work or money to support their families. The return of so many farmworkers back to Mexico also contributed to a decrease in the number of potential sessions for two camps and interfered with data collection timing for three camps.

Conclusion. Different challenges and results were discovered in the second phase of the research than in the previous phase. However, each stage of the research provided new ideas and feedback from the farmworkers. These challenges and results will be discussed in full in the subsequent chapter.

Chapter 12: Discussion

The purpose of this research was to evaluate music therapy's effect on Mexican migrant farmworkers' levels of depression, anxiety, and social isolation. In addition, this research sought to examine the level of engagement the farmworkers had in the music therapy process and their relationship with the researcher/music therapist. This chapter will specifically address the revised research questions that were presented in Chapter 8. The discussion is broken into the following sections: (1) an examination of the results, (2) limitations of this study, (3) recommendations for future research, and (4) recommendations for clinical practice with this population and other immigrant populations.

The study found that the group music therapy intervention did not have a significant effect on overall levels of depression, anxiety, or social isolation in either phase of the research. Through focus group interviews and clinical notes, it was found that some of the farmworkers were more engaged in the overall music therapy process than others. Those who were more engaged demonstrated this through frequent music making, song selection, and reciprocity. Finally, the farmworkers who were involved in the music therapy groups evaluated their relationship with the researcher/music therapist identifying respect, trust, and patience as being the essential traits of the music therapist that were valued by the farmworkers. Each of these areas is discussed more thoroughly throughout this section.

Music Therapy's Effect on Depression

In Phase I music therapy had a significant effect on depression scores for the camps in the Eastern part of the state compared to the control group; however, it was not more effective than the English as a Second Language (ESL) classes. In Phase II, music therapy did not have a significant effect on depression scores when compared to the comparison

condition. In Phase II, both the music therapy and comparison group had significantly reduced scores from pretest to follow-up.

Combined mean pretest scores for farmworkers in Phase I show an overall average indicating caseness for depression. However, farmworkers in the Eastern part of the state had overall higher levels of depression than farmworkers in the Western part of the state. This may be due to the fact that living and working conditions in the Eastern part of the state are more challenging than those in the Western part of the state. Also, men in the Eastern part of the state must migrate throughout the season, whereas the men in the Western part of the state work for one farm for nine months. Additionally, a review of the depression scores at pretest suggests that the farmworkers in Phase II did not have high enough pretest levels of depression for music therapy to have a measureable effect. The overall mean of the pretest scores barely reached caseness for depression, and the mean depression levels at pretest for the music therapy condition did not reach caseness, even though some individuals demonstrated higher levels of depression. Phase II participants differed from depression levels reported in previous farmworker studies (Grzywacz, Quandt, Early, Tapia, Graham, & Arcury, 2006; Magaña & Hovey, 2003; Hovey & Magaña, 2002; Hovey & Magaña, 2002b) in other part of the United States. Additionally, the participants in Phase II, all of whom were from the Western part of the state, did not present with as many issues around depression as those found in farmworker studies in other parts of North Carolina (from Phase I). While depression has been found in individuals at the farmworker clinic in the area where this study was conducted (E. A. Lipscomb, personal communication, March 17, 2010) the extent does not appear as severe as farmworker depression in other areas.

The results from Phase I are inconsistent with those of Schwantes and McKinney (2010) who found that music therapy had the potential to decrease depression. However, the

results from Phase II are consistent with and may shed further light on those findings.

Schwantes and McKinney did not utilize a control condition. In Phase II of the present study, participants in the music therapy condition reported decreased depression at posttest; however, those in the control condition reported a parallel decrease, suggesting that a factor other than experimental condition may have been responsible for the change.

The comparison group in Phase II also significantly reduced their depression scores. Previous studies have shown that music listening alone has an overall effect on depression scores. Such an effect may account for the significant decrease in scores for the comparison group in this study. For example, Hsu and Lai (2004) found that self-selected music listening can lower depression scores, as did Siedliecki and Good (2006), who additionally gave their participants instructions for listening. While this study did not utilize listening instructions in its protocol, it is comparable as the farmworkers in the comparison group participated in selected listening on their own time.

Many of the music therapy studies that have examined music therapy's effects on depression have been with older adults (Guétin, Portet, Picot, Pommié, Messaoudi, Djabelkir et al., 2009; Myskja & Nord, 2008). While the symptoms of depression may be similar, the interventions or approaches used by the therapists are different from what were used in this study. Therefore comparing this study to other music therapy studies that have examined the effects of music therapy on depression may not be appropriate.

This is the first controlled study examining the effects of any intervention on farmworker depression. Comparing the results of this study to the results of previous farmworker studies can not be done.

Music Therapy's Effect on Anxiety

Music therapy did not have a significant effect on anxiety in either Phase I or Phase II

of the research. As was the case of the depression, anxiety for farmworkers in Phase II was not as elevated as it was for those in Phase I. While previous research has found elevated levels of anxiety in the Mexican farmworker population (Grzywacz et al, 2006; Magaña & Hovey, 2003; Hovey & Magaña, 2002; Hovey & Magaña, 2002b), the farmworkers in Phase II did not exhibit these same high levels. Based on norms for the Beck Anxiety Inventory (BAI), mean scores in Phase II were in the low to moderate range. These lower pretest levels may have contributed to the absence of significant findings for anxiety in Phase II.

The results of this study are consistent with those of Schwantes and McKinney (2010) who found that music therapy did not reduce overall anxiety for the population. While this study utilized a different measure of anxiety than their study, results were consistent with their findings. A decrease in anxiety might not have been possible due to lower baseline levels for anxiety in Phase II, but the fact that anxiety in Phase I music therapy participants did not decrease significantly would suggest that this brief intervention does not reduce anxiety in this population.

No previous quantitative research has studied the effects of any intervention on anxiety in farmworkers. Most of the research has simply gathered diagnostic or epidemiological data. Therefore there are no previous intervention studies of this population with which to compare the results of the present study.

Additionally, comparing the results of this study with previous music therapy studies evaluating the effectiveness of music therapy on anxiety is also challenging. Most music therapy studies have evaluated music therapy's effectiveness on anxiety in the hospital (Robb, Nichols, Rutan, Bishop, & Parker, 1995; Sendelbach, Halm, Doran, Miller, Gaillard, 2006) or clinical setting (Ferrer, 2007). Other music therapy studies have measured the effects of music on reframing anxiety (Kerr et al., 2001). These studies address a different

type of anxiety from what is addressed in this study.

Music Therapy's Effect on Social Isolation

Music therapy did not have a significant effect on farmworkers' levels of social isolation in either Phase I or Phase II. In Phase II of this study social isolation was significantly correlated with both depression and anxiety. This is consistent with the results found by Hovey and Magaña (2002b) and Hiott, Grzywacz, Arcury, and Quandt (2006). While social isolation has been reported in the farmworker literature, it has been primarily studied as a predictor for other mental health issues. As a construct in and of itself, social isolation has not been previously studied in the music therapy literature. Therefore a comparison between the current study and previous studies can not be made. Additionally, intervention studies addressing farmworker levels of social isolation have not been reported previously. However, based on Hovey and Magaña (2002)'s earlier work, this is an area that needs to be studied more specifically with this population.

Frequency of Music Making and Its Effects on Mental Health

During Phase II of the study, four out of six camps reported frequent music making between each of the music therapy sessions. Frequency of music-making is a way of measuring engagement in the music therapy process. Since the study included no quantitative measure of this frequency, no correlation between the frequency and changes in dependent variables can be determined. However, qualitative data suggest that the men were actively engaged. The men in the focus group indicated that they were still playing music after the intervention period was over. Through contact with the Yellow Truck camp after the research period, the researcher learned that the men in the camp were playing and writing music. While the researcher was no longer collecting data, this desire to continue the program indicates sustainability of the intervention. The clinical notes (Appendix J) for the

participants in Phase II of the study suggest that some of the individuals who were more engaged in the music therapy process experienced a greater benefit from the music therapy sessions than those who were not as engaged. Future studies should include measures of these indicators of engagement.

Two specific camps illustrate engagement in the music therapy process. Their clinical notes can be found in Appendix J. The Yellow Truck camp and VC Trailer both played music between sessions every week. They reported this to the music therapist and research staff at every subsequent music therapy session. Their developing music skills attested that they were musically improving as well. It could be proposed that as the participants in each of these houses heard the musical difference in their playing. This feedback could have further increased their motivation to engage in music making during and between music therapy sessions. Additionally, during both the music therapy sessions and the focus group interview, VC Trailer pointed out that the music therapy sessions were positively affecting their overall stress. If the men believed that the intervention was improving their well-being, this could have increased their motivation to participate in the music therapy sessions and music-making between sessions. Participant or client belief in the intervention has been found to affect the overall outcomes of an intervention (McPherson, 2001). Future studies should look at the participants' beliefs in the intervention.

Participation in this music therapy research, both clinically speaking and in regard to the overall research process was similar to Stige's (2006) idea of participation in music therapy. The farmworkers, particularly those in the two camps identified above, choose as a community how they wanted to participate and within that community each participated individually in a way that felt authentic to him. The farmworkers created a stronger community through the music therapy by making connections with the music, with one

another, and with the research staff.

Meaningful Music

The farmworkers in both phases of the research identified music that was meaningful to them through song writing, in the focus group interviews, as well as during the music therapy sessions. The farmworkers who participated in the focus group in Phase I identified music that was from their home state in Mexico. The song they chose describes a story that is famous in their area. The farmworkers in Phase II discussed their song choices with the music therapist. However, they were more reluctant to do so during the focus group interview, perhaps due to some of the limitations of the interview. In both phases, meaningful music was often selected based on the home state of the farmworkers.

While the men in most of the groups were quick to discuss songs and types of music that were meaningful to them, they were more reluctant to specifically discuss *how or why* the song was meaningful to them. The men may have been concerned with opening themselves up or showing their vulnerability. This could have been a protective mechanism in place to help them deal with their emotions. Additionally, the songs they selected could have reminded them of home and of their loved ones. Acknowledging what the song meant to the men could have forced them to acknowledge feelings that they were not ready to share with themselves or with the group. Maintaining *machismo* (Andres-Hyman et al., 2006) might have been a more comfortable coping mechanism than expression of feelings. The men may not have been familiar with expressing their emotions or what the songs meant to them, however, simply selecting the songs allowed the feelings to be acknowledged in the relative safety of indirect expression. Only one camp, VC House, felt comfortable discussing what the music meant to them. This house continually chose sad music. They noted that the music was a place for them to put their sadness and their feelings, rather than expressing them aloud

to one another. Therefore, the music could have taken on a greater meaning than in other settings.

When they were asked about their song selections, the men sometimes deflected the question by stating that the chosen song was popular. One of the first songs the participants in Phase II learned was *Las Mañanitas*, otherwise known as the birthday song, based on the recommendation of the participants from Phase I. While this song was initially challenging for the participants, they noted their excitement in being able to play this song for their loved ones on their birthdays. After initially learning this song, the farmworkers requested all of the other songs they wanted to play. Each camp chose a variety of music, but the most of the songs were love songs. The men chose songs that revered women. For example, *Obra Maestra* (Masterpiece), by Banda Pequeños was a piece that referred to a particular woman as a masterpiece. Another theme that frequently arose for the farmworkers was the notion of unrequited love or warnings about love. These themes occurred in more popular songs as well as traditional *corridos*. The farmworkers seemed to take these songs as advice.

The other frequently chosen topic by the farmworkers was nationalism or perhaps more specifically, Mexican culture. Songs in this topic ranged from stories of fallen heroes (*Corrido de Valentin de la Sierra* and *Hijo Disobediente*) to words describing the land where they were born (*Cancion Mixteca* and *Mojado Acaudalado*). Malmed (2010) described *Cancion Mixteca* in this way: “The lyrical message of "Cancion Mixteca" was in the heart of the Mexican people long before the song was penned. The feeling of this song is probably repeated in all cultures that have known both song and absence from home” (<http://www.timsparks.com/articles/mexico.html>). All of the music therapy groups requested *Mojado Acaudalado* (The Wealthy Wetback). This song, written by the popular group, Los Tigres clearly outlines some of the benefits (money) and challenges (separation from home)

of the migrants. Each time the farmworkers played this song, they did so with great feeling and expression. It was one of the songs that many of the groups chose to record. They showed particular interest in this song by playing it in between sessions and requesting it almost weekly. Again, this song reflected the land from which they came and in this case, the desire to die in the land where they were born.

Some of the participants were initially apprehensive about improvising. One way that they began to feel comfortable working with improvisation was to learn the solos that the song-writers were already using. While a few men felt comfortable in improvising spontaneously, more of the men wanted to know how the songs really went. They wanted to play them like the artist did. This could be due to the fact that the men were not ready to identify themselves as musicians. The majority of the men were uncomfortable with this term, even after multiple sessions. They felt this term belonged to professional musicians, and they described themselves as “music fanatics” or “beginner musicians.” This labeling is consistent with their cultural values (Sheehy, 1998). However, not feeling as though they were musicians might have impeded their ability to step into the music to a greater extent. Were the men to embrace the idea of being musicians, they may have been able to move into the music more than they did, or perhaps more of them would have been able to play around with the idea of song writing to a greater extent. This apprehension to label oneself as a musician could have been due to their newness in playing music, but it could have also been a cultural barrier preventing them from embracing the music to the fullest extent possible. It also may have been due to a fear of showing vulnerability to each other, the therapist, and research staff.

The two men in the music therapy groups who did engage in song writing were able to cross those cultural barriers and embrace the identity of being a musician. In considering

their similarities, it was apparent that both of the men struggled with being a farmworker.

Both of them embraced all that life had to offer them. They were not willing to simply accept their lives as farmworkers. They wanted to do more with their lives, and for them, music was one way to make this possible. Their songs centered around love. Some of the men who participated in the bereavement-based music therapy sessions between Phase I and Phase II were able to reconnect with their identities as musicians through songwriting.

Through song-selection, the farmworkers had the potential to integrate their lives at home with their lives in the United States through music as was suggested by Colon (2006). Due to the extensive migration of many individuals from Mexico to the United States, many of the bands selected had already integrated the traditional music of Mexico with music from the United States. In choosing this music, the farmworkers were connecting with their homeland, their temporary homes in the United States, and the larger community of migrants.

The farmworkers' selection of meaningful music can also be compared to the process described by Forrest (2000). As in the case of Forrest's client who needed to communicate her values and experiences growing up in Russia prior to moving to Australia, the farmworkers were able to communicate their values of the world with one another and with the research staff through music selection. They also clearly articulated their Mexican identity, particularly with the selection of key songs, such as the Happy Birthday song or important, historical *corridos*. While Forrest's client needed to reflect on a war that caused her migration, the farmworkers in this study needed to identify with present day economic and global pressures that lead to their often more than temporary lives in the United States.

Meaningful music could also have been a factor in the self-reported decrease in depression for the participants in the comparison group in Phase II. While not the intention of this study, their engagement with preferred music could have contributed to the decrease in

depression. These results are consistent with Short and Ahern (2008) who used relaxing music in the emergency department and Smith (2008) who used relaxing music in the workplace; however, they are inconsistent with Siedliecki and Good (2006) who did not utilize preferred music in their study, but programatic music. This could be due to the fact that the aforementioned articles were published by music therapists rather than nurses. The music therapists may have been able to perceive additional insights that the nurses were unaware.

The camps participating in the comparison group identified music that had personal meaning through continual song selection. During the two visits that the research staff made with each of the camps in the comparison group between pretest and posttest, each group had created a list of music they wanted to listen to. In this way, they too identified meaningful music and showed their value for the role that music played in their lives.

Farmworkers' Participation in the Study

The farmworkers in both phases of the research participated in the study in various ways. While it is challenging to differentiate between engagement in the research compared to engagement in the music therapy process, distinctions do occur.

Farmworkers first showed intention to participate by agreeing to become a part of the research process. They gave feedback to the music therapist and farmworker health program leaders in regard to what interventions would look like. Additionally, farmworkers gave feedback during the focus group interview at the end of the research regarding ways of working with farmworkers. This feedback provided guidance towards future research. Across both phases of the study, being involved in music therapy showed greater participation in the research. In the camps that were randomly selected to be in the music therapy condition, there was greater overall camp participation. Additionally, there was only one drop out in the music

therapy condition in both Phase I and Phase II, while the dropout rate for the comparison conditions was higher.

Participatory Action Research

This study succeeded in engaging the farmworkers in the overall research process by incorporating a sequential transformative mixed methods design as described in Hanson et al. (2005). Farmworkers in this study participated in both Phase I and Phase II through their honest and valuable feedback regarding the structure and protocol of the research. Stige (2005) identified outcomes of participation in the process of research, which may include, “empowerment of participants, collaboration and participation, social change, and acquisition of knowledge” (p. 411). In music therapy intervention studies, the challenge lies in differentiating between how each of these components can be attributed to the research process or whether these components are a direct result of the music therapy intervention. This is particularly true for empowerment and social change. Therefore, this section will focus primarily on two of the four aspects as outlined by Stige: collaboration and participation and acquisition of knowledge.

Collaboration and participation can be seen in this study in terms of the farmworkers’ collaboration with the music therapist concerning methods of working; collaboration regarding the overall research design; and collaboration among all of the research staff, farmworker health staff, the farmworkers, and the music therapist/researcher. The farmworkers engaged with the research staff prior to the first phase of the research to help develop appropriate interventions. The farmworkers gave honest feedback to the researcher, and their ideas were incorporated into subsequent phases. The farmworkers also participated individually and as groups as they felt comfortable.

While an even greater level of collaboration would have been preferred, this study did

succeed in at least providing the opportunity for the farmworkers to critique the current method of investigation and provide suggestions for future research. The current study could be compared to Nicol (1998), who used a form of action research in music therapy with components similar to participatory action research. While collaboration was not quantified in the way McCauley et al. (2001) did when working with migrant farmworkers and pesticide exposure, comparisons can be made. Farmworkers' levels of involvement with the research process in the present study was similar to that found in McCauley et al. In this study the researcher was more responsible for the overall research design and project; however, as with McCauley et al., participants did evaluate the overall research process in terms of participatory action. While this research attempted to create a balance between the researcher's overall aims and farmworker input, this study also found an imbalance in the amount of farmworker participation. This imbalance was due to a primary focus on the researcher's aims. Balancing farmworker input and study direction and design can be challenging, particularly for a beginner researcher. Future research should involve a more collaborative approach from the onset of the study design.

In Stige's (2005) definition of the outcomes of participation in the research process, social change was listed as one potential outcome. Social change on a community level or in the parameters of CoMT for the purposes of this study was not entirely evident in the results. While it could be argued that personal change could lead to community change, it seems as though looking only at personal change or group change (if examining an entire farmworker camp for example) is still falling within the bounds of a more traditional context of the therapeutic environment. Simultaneously, it may not be possible to measure or evaluate the extent of social change that could have been brought on by this research. Where social change might be able to be evaluated is in the further exploration of how research with

farmworkers is conducted. While farmworker research protocol change may not have a huge impact on overall social change, it could simply be the beginning foundation of potential social change.

The final outcome, acquisition of knowledge (Stige, 2005), can be evaluated by learning how to conduct both research and music therapy sessions with this population and through understanding the level of mental health interventions necessary for this population. For example, this study was the first to explore a mental health intervention. The farmworkers contributed to this knowledge by defining some of the direction that the study took as well as by determining how research should be done with them. They also learned from the process in terms of their own mental health and by gaining a new skill. Finally, the farmworkers were opened to and interested in the researcher sharing the results of the study as well as their song recordings to farmworker healthcare professionals and music therapy professionals at conference presentations. They seemed excited to be a part of educating others. Dissemination of this type of results was consistent with Nicol's (1998) recommendations for action based research in music therapy.

Evaluation of the Resource Manual

Using a resource manual, as suggested by Rolvsjord et al. (2005) provided consistent, yet flexible music therapy sessions throughout both phases of the study. The resource manual for this study (see Chapter 1) allowed the researcher to adapt the music therapy protocol to meet the specific needs presented by each of the camps, while maintaining an approach that was similar at all camps. All of the *Essential and Unique* ways of working were valuable in defining what music therapy would look like for this population; however, these ways of working will be discussed as they relate to the research protocol.

Collaborating with the group concerning methods of working. The group members

all contributed to the ways that the music therapy sessions were to be run. They helped define the type of atmosphere that would work for them, and also they defined what types of music the group would utilize. While this was occasionally challenging, as in cases when the researcher suggested song composition or more in-depth lyrical analysis, it provided the farmworkers with the final say as to how their music therapy sessions were to be shaped. In this way, the farmworkers determined the course of the treatment and engaged in the music therapy sessions as each was able. This was an essential component to developing rapport with the farmworkers and building a relationship with them.

Acknowledging the clients' musical and cultural identity. This acknowledgment came through in music selection and the ways of working. *Digniad, respeto, familismo*, and *machismo* were all considered when sessions were planned and implemented. Some of the men came in with some previous knowledge of music. Their skills and knowledge were incorporated and included throughout the sessions.

Being emotionally involved in music. The farmworkers were sensitive to when the music required more emotion. They either chose to sing the song with greater feeling, or they chose to play with greater expression. When the music therapist was singing and playing, they were quick to identify when a song needed more feeling or more musical expression. Even though the farmworkers were not always willing to identify themselves as musicians, they knew what feeling the music needed to convey. It was perhaps this knowledge that prevented them from identifying themselves as musicians when they were unable to produce a sensitive enough sound to convey the expression the song required.

Fostering positive emotions. Creating a positive environment was important to the farmworkers. They wanted the sessions to be a break from their normal lives in the camps. They needed the sessions to be fun and light-hearted, without negating the stressful situation

they were in. These positive emotions were particularly evident in the VC Trailer camp. Throughout all of the sessions, the farmworkers laughed and told stories. It was apparent that these positive emotions were part of the key to improving their overall mental health.

Utilizing personalismo. The music therapist and the research staff opened up to the farmworkers in a way that was perhaps more open than typical therapeutic work. They shared with the farmworkers routine information like what they did over the weekend, or how things were going at home. This was an important piece of the work with the farmworkers. For them, it helped make a bridge between their normal camp lives and the lives of the community members who lived around them. In this way, music therapy provided the opportunity to be a part of the greater community. It also normalized the sessions in a way that typical therapy does not and the men were more open to this type of intervention.

Tuning into the clients' musical expressions. Focusing on the clients' abilities to express themselves musically when words were more challenging, either due to language barriers or wariness to express painful emotions, was another important aspect of the sessions. For some of the men, musical expression came quite naturally, while verbal expression was much more challenging. For example, one of the participants in the VC House spoke less than five words per session. However, during group music-making, he was always the first to improvise or lead the group. He was a musical leader, but not a verbal leader. The rest of the group members often joked that he continually played his accordion every day when they finished work. For him and others like him, requiring him to express his feelings primarily through words would have been intrusive and not helpful to improving his overall mental health.

Recognizing the client's competence related to her/his therapeutic process.

Farmworker competence related to his therapeutic process was recognized in two ways. The

first was through supporting previously established coping strategies. Some of the farmworkers already had in place appropriate strategies for dealing with stressful situations in their lives through fishing, playing soccer, creating art, or simply watching television. These strategies were not negated in any way; rather, they were encouraged. However, at the same time, the music therapist stressed to the farmworkers the benefits of engaging music both personally and as a larger group. The second way in which farmworker competence regarding the therapeutic process was recognized was through seeking and incorporating input into the therapeutic sessions. The farmworkers' decisions were respected as to the overall structure and direction of the sessions.

In addition to the resource manual, other aspects of culture-centered music therapy emerged. Reciprocity was acknowledged. For example, at some of the comparison camps, the farmworkers were kind enough to give the research staff sodas and drinks, and even shared their watermelon. One of the music therapy camps gave one of the male research assistants a football jersey at the end of the intervention. Another camp took the research staff out for lunch. Other simple ways of contributing to the process included rearranging their living room to accommodate music-making and sharing with the research staff about their lives at home in Mexico through pictures and stories. These simple forms of reciprocity were consistent with Oscós-Sánchez et al. (2008) who noted reciprocity in their group sessions with Latino mothers as being instrumental in overall positive change.

Another aspect was peer leadership. For example, at the Vance Street camp, the group began to come together better after one of the participants became the *de facto* leader of group music-making between sessions. This form of peer leadership could be compared to *promotora* programs which have been successful in dealing with education of Latinos as well as helping to bridge the gap between mental health providers and clients (Getrich, Heying,

Willing, & Waitzkin, 2007). However, in this case, peer leadership evolved in a naturalistic way. Someone from each camp took upon himself a leadership role, either during sessions, in between, or after the intervention period to ensure that music was still being made. As the literature on *promotora* programs has found, peer leadership is vital to sustaining a mental health intervention in a way that is functional for the individuals who are accessing it.

However, training and implementation can also be challenging.

Farmworkers' Relationship to the Music Therapist

This study contributed to identifying which characteristics of a music therapist or mental health provider are necessary to provide effective services to the farmworker population. The attributes of the music therapist that the farmworkers identified in being effective in promoting positive relationships were respect, trust, and patience.

The farmworkers in both phases of the research identified respect as being an important element in the therapeutic relationship with the music therapist. They defined respect both in terms of the respect that the music therapist showed the farmworkers and the respect that they gave her. Respect was identified by Andrés-Hyman et al. (2006) as being essential to working with the Latino population in the United States. The farmworkers also identified trust as being an essential part of their relationship with the music therapist. These findings are also consistent with Andrés-Hyman et al. (2006) who noted trust as being an important aspect of rapport building and maintaining relationships with clients, even more so with Latino clients. Finally, the farmworkers in this study identified patience as being an important aspect of the relationship they had with the music therapist. While this was not reported in previous research with this population, the farmworkers valued the music therapist's patience with them as they acquired new skills and as they worked together to create music as a group. Also, the farmworkers noted that the relationships built among them

and the music therapist and research staff were based on playing music together and the discussions that happened between the songs. This shared experience between the farmworkers and research staff may be similar to that discussed by Procter (2002) who found that the traditional hierarchical client-therapist relationship does not always allow for growth or empowerment of clients. In this setting the research staff and farmworkers were musical collaborators.

Other aspects of the therapeutic relationship discussed by Andrés-Hyman et al. (2006) such as *personalismo*, *familismo*, or *machismo* were not explicitly discussed by the farmworkers in this study. While *personalismo* could be implied through respect, trust, and patience, *familismo* and *machismo* were not addressed in a direct way. *Familismo* may not have been discussed due to the separation between participants and their family members. While they often referred to the other camp or house members as temporary families, it was apparent that these relationships would not be equated to family relationships. The farmworkers discussed some of the economic pressures associated with *machismo*, but it was apparent that *machismo* was an important coping mechanism for dealing with the issues presented by migratory lifestyles. It may have been necessary for the farmworkers to maintain *machismo* as a protection against some of their economic and social hardships. This aspect of *machismo* may be consistent with Arciniega, Anderson, Tovar-Blank, and Tracey (2008) who found a more complex form of *machismo* linked to positive coping and problem solving skills than is typically addressed in mainstream media or the literature. Allowing aspects of *machismo* to exist in the therapeutic environment is important for this population.

Limitations of the Study

One of the challenges that this research faced was that it was the first mental health intervention study with this population. While other researchers have speculated on what

mental health interventions should potentially look like for this population (Magaña & Hovey, 2002a; 2002b; 2003), there is not another study for comparison. Therefore, some of the limitations presented are based again on the literature that speculates potential ways of working with this population, and the more substantial music therapy literature with marginalized populations (Baker & Jones, 2006; Brown, 2001; Orth et al., 2004). Other limitations presented are based on the overall study design and implementation.

Study Design

Perhaps one of the biggest limitations of this study is also its greatest strength. Using a sequential transformative mixed-methods design allowed for a more in-depth approach than either qualitative or quantitative methods could provide alone. Participatory action research gave the participants more of a chance to engage in the research process and determine part of its course. This allowed the research to be more inclusive of their ideas. Incorporating a randomized control trial in the research design provided an opportunity to test an experimental condition against a control condition. However, incorporating all of these components may have confounded the results.

Incorporation of the men's suggestions related to the research process changed the control condition in Phase II to be more of a second intervention than a true control condition. If participatory action research had not been incorporated into the randomized control trial, perhaps significant between group differences could have been found. Additionally the dropout rate for the control group could have increased. Conversely, had only participatory action research been used, then a control condition would not have been used and the qualitative data may have been more robust. It is clearer to see how participatory action research positively influenced the experimental nature of the research. It is not so clear from the results how the quantitative aspects of the research positively

influenced the participatory action research, even with their potential to apply the findings to the broader population. In this way, the mixed methods approach seems one directional, more of an exploratory design. While this has been shown to be one method of incorporating qualitative and quantitative research (Cresswell & Plano-Clark, 2007) it seems as though a more cohesive approach could have been taken through triangulation.

Measures. The questionnaires used to capture the levels of anxiety (Beck Anxiety Inventory, *BAI*), depression (Center for Epidemiological Studies Depression Scale, *CES-D*), and Social Isolation may not have measured accurately music therapy's effects on each of these variables. Additionally, music therapy could have had an effect on other variables, such as overall stress or perception of mental health wellness that were not measured. The farmworkers who participated in the focus group interview in both phases indicated that the music therapy sessions did have an effect on their overall stress, even though this was not reflected in the quantitative results.

While using standard measures of mental health allows for a better comparison with other studies, perhaps perception of mental health wellness could have been evaluated as a variable. Ideally, such a measure would be developed with the assistance and guidance of the farmworkers. Once reliability and validity were established, such a measure may provide a more accurate indicator of the effects of music therapy in this population.

The self-report questionnaires employed in this study were found to be confusing by the participants in both phases. While the number of items was decreased from Phase I to Phase II, the participants in the focus group interviews in both phases expressed their confusion about what these were measuring. While these questionnaires were administered throughout the research process, some of the individuals mentioned that the answers did not accurately describe how they were feeling in all circumstances for the past week (as was

indicated in the directions in each questionnaire). Many of the farmworkers wanted to give conditional answers or provide more context to why they were answering as they did. Others just went with one response or appeared as though they might be ‘guessing’ at an answer just to hurry up and finish the questionnaires. Finally, the language used in the questionnaires may not have been the language the farmworkers used to describe the mental health issues being discussed.

These questionnaires, particularly the *CES-D*, had been used frequently in research with migrant farmworkers (Magaña & Hovey, 2002, 2003). However, none of these have been used as a measure to examine the effects of an intervention with this population. They have been used only to examine the overall mental health of these communities of people or as an assessment tool with this population. Perhaps these measures were not the most accurate means for determining the effects of a mental health intervention with this population. However, with the exception of a pilot study published by Schwantes and McKinney (2010) no other research had been published measuring the psychological effects of an intervention in this population.

While the social isolation questionnaire has not been used much with this population, it might not have been the most appropriate measure for social isolation. Other research has examined the established social networks in place for the farmworkers and how these contribute to both negative and positive health related behaviors (Apostolopoulos, Sonmez, Kronenfeld, Castillo, McLendon, & Smith, 2006). While these networks are not as easily measured, perhaps using a different scale might have more sensitively detected the social relationships of migrant farmworkers than what is indicated by the Social Isolation scale.

The social isolation measure also has been used with men who have sex with men (Diaz et al., 2001; Ramirez-Valles et al., 2005), and some of the wording might not have

indicated the best way to describe the relationships that the farmworkers had with their housemates. However, this was the only scale that had been used in previous studies to measure social isolation in Mexican men. As social isolation is one of the issues often facing migrant farmworkers, particularly in regard to substance abuse (Arcury & Quandt, 2007; Villarejo, 2003), it would be helpful for researchers and for outreach workers to have a scale that accurately measures farmworkers' perception of social support.

Interaction with the Comparison Group. An examination of the protocol for the comparison group in Phase II revealed that this group was not a control group without any intervention, but a genuine comparison group with a different intervention. This comparison group received an intervention that might have been enough to reduce depression and social isolation; however, it had less long term effect than music therapy. Research staff interacted much more frequently with the comparison groups in Phase II than they did with the comparison groups in Phase I. Participants in Phase II engaged in the orientation period and in two additional visits from the research staff between pretest and posttest. During these visits, the participants talked about their lives at home in Mexico and discussed music. The research staff provided the men in the comparison groups with compact disc recordings of their requested selections of music. These visits were much less structured than the music therapy intervention. Nevertheless, it may be that just having individuals from the surrounding community visit and pay attention to the farmworkers may temporarily alleviate some of the mental health issues. It is also possible that the documented changes in both groups were due to neither music therapy nor the comparison condition, but to time or another unknown influence.

Additionally, a wait list control was not a possibility for this population. Due to the nature of the agricultural season, waiting to begin the sessions would not have been feasible.

In the case of the farmworkers in Western North Carolina, their biggest working season is from August until December at which time they return home. For farmworkers in Eastern North Carolina or other parts of the country, a wait list would be challenging due to the migratory lifestyle required for the farmworkers to follow the crop.

The protocol for the comparison group in Phase II was designed based on feedback from the control group participants in Phase I. The participants who were a part of the focus group interview from the control group in Phase I indicated that they felt neglected by the research staff. Following principles of participatory action research, the researcher arranged for the research staff to visit and engage with Phase II comparison group camps many more times than in the protocol for Phase I. While this was clearly indicated based on participatory action research principles, it may have created a second intervention for the comparison group that replaced the control group. However, it seems that comparing the music therapy intervention to an intervention that was of some value to the participants, was a more caring comparison. In this way, music therapy was being compared to another intervention that utilized music and showed care to the participants. However this change in protocol for Phase II may have obscured between group findings for mental health outcomes.

Another contributor to the comparison group's improvement in mental health other than preferred music as mentioned earlier, was the relationships that were built between them and the research staff. The relationship building happened immediately with the introduction of the orientation period of the research. To ensure a more consistent approach during the orientation period, the research staff members were not aware of which groups would be part of the experimental condition and which groups would be part of the comparison condition. This relationship building in and of itself could have impacted the results. While this orientation period was an overall positive experience for the farmworkers and the research

staff, its incorporation into the study protocol is considered to be a limitation of the study since it could have potentially impacted both the pretest scores and the results of the intervention under study.

Non-homogenous Sample. While the number of participants was large enough to show a medium effect size due to the music therapy for some of the measures, having a non-homogenous sample could have contributed to the lack of significant results. Future research would benefit from screening potential participants prior to their engagement in the project to insure a more homogenous sample. Additionally, screening would determine which farmworkers reached caseness for the mental health variables being studied and who might benefit more from having music therapy services.

Challenges of Cross-Cultural Music Therapy

Working cross-culturally with migrant farmworkers was challenging. It required balance in terms of session structure, delving into deeper work, allowing traditional coping mechanisms to stay in place as in the case of machismo, and determining group and individual outcomes.

It could be asserted that while the music therapy interventions were based on culturally appropriate methods, they might have still been too structured for some of the farmworkers. For example, VC Trailer, one of the camps in Phase II of the intervention was much more engaged in *placticar* (hanging out and chatting) during the music therapy interventions. They created with the research staff the type of atmosphere that worked for them. The sessions were structured enough that much music was created, but not as structured as some of the other groups. The results for this camp show that music therapy had a positive impact on all of the dependent variables from pretest to follow-up.

Additionally, because of cultural differences, the music therapist could have been

overly mindful or too cautious about delving into deeper clinical work with the farmworkers. While there was some resistance on the part of the farmworkers, as is the case of Mauricio's song, it was the music therapist's responsibility to engage the farmworkers at a deeper level. If this were the case, perhaps the number of sessions was appropriate, but the dose of each session was not enough. As there is no precedent for working with this population, either in mental health or in music therapy, additional research will be needed to establish the best protocol for effective intervention.

While there was an orientation period prior to administering the pretests, it may be that the farmworkers needed more time to establish trust with the music therapist and research staff in order to fully admit to symptoms of depression, anxiety, or social isolation. Establishing trust with this community has been previously noted to be a challenging aspect of working with this population (Cooper et al., 2004). A review of the clinical notes suggests that the farmworkers began to open up around sessions six or seven. This is consistent with Orth et al.'s (2004) stages of music therapy work with refugee populations. Until then, the work had been more superficial in nature. While it is possible to say that a minimal intervention such as what the comparison group received would be sufficient in decreasing scores somewhat, to really engage in deeper work, perhaps more than 10 sessions were needed. However, given the farmworkers time constraints due to work, more than one session per week is not recommended.

Machismo (Andrés-Hyman et al., 2006) could have interfered with engaging in deeper or more extensive work. In the focus group interview of Phase II, the men even noted that they were respectful of the music therapist and would have made more inappropriate jokes had there been a male music therapist, suggesting their awareness of self-censorship in the presence of the female music therapist. *Machismo* could have also prevented the farmworkers

from opening up more in front of their peers. While some did share personal feelings and explain that the music allowed them to express sad feelings, the farmworkers may have avoided sharing personal material with the other residents of the camp.

This avoidance of sharing deeply personal material was also the case in the camp VC House. While the father and son did not open up about whatever was bothering them, it was apparent by their responses to the questionnaires that something was elevating their levels of anxiety and social isolation. The other group members may have been aware of the situation. However, if these two men were both feeling socially isolated, it stands to reason that perhaps neither of them felt comfortable talking about what was bothering them with the rest of the group. They could have been protecting their family at home, or it could have been some type of struggle between the two of them that was increasing their overall anxiety and social isolation scores. Additionally, since both of these men had higher literacy and English language skills, they could have been reporting higher levels of anxiety and depression consistent with the findings of Ward (2007) who found that higher levels of English ability were negatively correlated to mental health. These men could have had higher expectations for themselves in general, including their contributions and their abilities to play their instruments in the music therapy setting.

The farmworkers' posttest results may have been affected by their disappointment that the intervention was finished. When the research staff arrived at the camps for the final sessions, the farmworkers all asked for additional sessions. They also wanted to know when the research staff would come back to visit. This may indicate that the farmworkers were worried that the relationships between the research staff and the participants would disintegrate. Even though the farmworkers did not open up as much as was potentially possible, they still showed a vulnerability to and a level of camaraderie with the research staff

that conveyed interest in both the project and the relationships that had been formed during the intervention period. They may have experienced sadness or anxiety that the visits from the research staff were ending.

The method of working with the farmworkers that was employed in this study may be similar to that proposed by Ansdell (2009) as a “community of musical practice” (p. 50) in which a consistent group of people are engaged in music-making activities with a defined set of parameters and goals. The music therapist worked with each of the camps to determine overall camp goals and outcomes. While anyone in the camp was welcome to participate in the music therapy sessions, participants remained consistent throughout the intervention period. This consistent participation showed the men’s commitment to the music therapy sessions and ultimately the research.

Intervention

At the end of Phase 1, the researcher speculated that the dose of the music therapy sessions (only six) could have been insufficient to effect measurable change. However, in Phase II, 5 out of 6 of the farmworker camps had at least 7 music therapy sessions, with 4 of the camps having 10 sessions. While 10 sessions indicates a higher dose of music therapy, it did not have more of an effect on the overall scores than six sessions did. Therefore, the number of sessions could potentially remain at only 6. Hovey and Magaña (2002) recommended short-term interventions; however, the four camps in Phase II that did not return to Mexico requested 10 sessions when given a choice, and the Phase II camps requested additional sessions beyond those provided.

While rapport was established with the men prior to the pretest and intervention period, true trust with this population often takes a much longer time period to be established (Andres-Hyman et al., 2006). Latinos are often wary of mental health services and

interventions. The farmworkers may have also been aware of a power differential that potentially existed between the research staff and themselves. For this reason, they may not have been willing to open up as fully as they would have to a group of people in their own culture, and certainly between one another and their families. While the power differential could have been used in a positive way as suggested by Hovey and Magaña (2002), this way of working was not the most natural or obvious way of authentic work for the researcher. While the researcher was professional in the group-based intervention, she felt that following the farmworkers' lead was more important than using her authority as a mental health professional to help educate the farmworkers in a constructive manner regarding their mental health wellness. Relying on some of the cultural strengths such as *personalismo*, *dignidad*, and *respeto* (Andres-Hyman et al., 2006) was more authentic. However, at the same time it could be argued that respect in and of itself might not be enough (Stige, 2002). Stige placed a greater emphasis on cultural sensitivity, and not just respect. So in this way, perhaps the intervention was not culturally sensitive enough. On the other hand, it could be argued that since *dignidad* and *respeto* are part of the Mexican cultural constructs, that the intervention was culturally sensitive enough. While impossible to measure, it could be proposed that the farmworkers may have opened up to someone from their culture more fully. Future researchers could explore the influence of the ethnic heritage or gender of the therapist in mental health interventions with this population. As this population typically seeks out support from family and friends first, the farmworkers may have felt leery of sharing these personal or family concerns with the researcher. This lack of trust or perhaps the *familismo* or *dignidad* and *respeto* (Andres-Hyman et al., 2006) that the Mexican culture has could have prevented the father and son in the VC House camp from opening up to research staff about their potential problems.

Finally, in order to be more consistent with the Mexican culture, the research protocol could have relied more on *dichos* (proverbs) and *cuentos* (stories) as a part of the intervention as recommended by Andres-Hyman et al. (2006). While these forms were sometimes apparent in the lyrics of the songs, they were not overtly or systematically used. Perhaps their inclusion would have strengthened the intervention more fully by allowing it to be more culturally relevant.

Timing. Despite the schedule challenges, the focus group indicated that the timing of the sessions was perhaps the best timing for the farmworkers. Grzywaycz (2009) noted that mental health is most stable in the middle of the season. The beginning of the season and the end of the season are associated with higher levels of anxiety and depression. The farmworkers also said that they are busier in November, even though they feel like that is when problems more frequently arise and services might be needed even more.

Better Overall Mental Health. The participants in the Western part of the state in Phase I had better overall mental health scores than the participants in the Eastern part of the state at the outset of the study, so that the two populations could not be pooled. It was therefore determined that Phase II would only have participants in the Western part of the state. After Phase II data were collected, an examination of their pretest level of depression revealed that the level of depression barely reached caseness. However, the mean level of depression decreased the most in the music therapy group from pretest to posttest and then posttest to follow-up. Participants did not report elevated levels of anxiety at baseline. The low levels of depression and anxiety reported may have created a floor effect since baseline levels were within normal limits. Future researchers may want to screen volunteers to recruit a more homogeneous sample from those in need of mental health services.

Further, the relatively positive mental health found at baseline raises the question of

whether or not the men would seek out services for their mental health needs were they to not be a part of a study such as this. Given their reluctance to open up verbally in the music therapy sessions and the low level of symptoms, it seems unlikely that they would seek out services. Additionally, the protective mechanism of *machismo* would further place another barrier against their engaging in therapeutic services. However, the men were readily willing to acknowledge high levels of stress due to working and living conditions as well as separation from family. They were able to articulate the effect of the stress on their lives and how it impacted the relationships they had with their family members. Additionally, the men were able to identify the music therapy sessions as being therapeutic and helpful in alleviating stress.

The needs presented by the farmworkers create a more delicate way of working, which perhaps requires an additional caveat for music therapy. The men found themselves in a rather artificial situation from normal life than they were used to. They faced an onslaught of isolation due to socio-economic conditions, language barriers, and health barriers. The music therapy sessions required a middle ground or an area that allowed a therapeutic interaction to take place, but not as much in the traditional sense of the term. Perhaps this form of music therapy could be considered somewhere in a less definable space than what music therapy has been traditionally considered, or more under the umbrella of the definition of Community Music Therapy. Stige, Ansdell, Elefant, and Pavlicevic (2010) offered this definition,

“Community Music Therapy is primarily collaborative and proactive work in relation to health, development, and social change. The focus is upon promotion of health and prevention of problems rather than curative interventions...Community Music Therapy projects may at times collaborate with the health sector, but they are usually

not oriented towards treatment and they may collaborate with or be part of other sectors in society as well, such as education and social care” (p. 282).

The sessions were therapeutic, incorporated music, and followed the clients’ leads; but they may not fit into a mainstream model of music therapy. Each group defined for itself what the sessions needed to be, under the guidance of the music therapist. These sessions may not encompass the traditional client-therapist relationship; however, they still created the possibility for personal growth and change.

Gaps in the Data

Gaps in the data were also an issue with both phases of the research. Missing data were primarily due to men leaving or moving to new locations, rather than participant drop out. This is one of the complications of working with a migratory population over weeks or months. These gaps in the data could have contributed to the findings of the study. Barriers to participation such as childcare and transportation reported previously (Miranda, et al., 1996) were not issues in retention of participants in this study. However, the distressed economic situation caused some of the growers to send farmworkers back home to Mexico in the middle of the season. This had not occurred during Phase I and was the first year that the regional farmworker health program had seen this happen (A. Lipscomb, personal communication, June 1, 2010).

Work schedules also contributed to additional gaps in the data. The farmworkers who did not have legal documentation to work often needed to piece together a variety of jobs to pay for housing, food, transportation, and to cover remittances back to their family at home. While every effort was made to schedule visits with farmworker camps at an agreeable time, scheduling multiple visits to the same camp was not always feasible. The farmworkers did not always have control over their own schedules and could not make it home at scheduled

times. Cooper et al. (2004) discussed some of these same challenges in their research. They, too, found that time constraints often affected the farmworkers ability to fully engage in the research, even when they were interested in what was being studied.

Additional gaps in the data arose in Phase II's focus group interview. While the interviewer had been trained and previously had conducted interviews for the researcher that provided richness, the focus group interview from Phase II did not elicit the same level of depth. There were times when the interviewer asked questions that Kvale and Brinkmann (2009) would consider to be leading, creating a "bias in qualitative interviewing, detrimental to the process of acquiring objective knowledge" (p. 301). This highlights the need for the researcher to maintain ongoing training of interviewers, particularly when these interviewers are what Kvale and Brinkmann consider to be "semi-skilled labor" (p. 85).

Recommendations for Future Research

While mental health issues are often a topic of conferences centered around service delivery for migrant farmworkers (Butterworth & Benavides, 2010), the literature has not defined best-practice approaches outlining mental health interventions for this population. Research has provided suggestions for working with migrant farmworkers (Magaña and Hovey, 2002; 2003). There also have been models of working with vulnerable populations within the context of music therapy (Baker & Jones, 2006; Brown, 2001; Jones, Baker, & Day, 2004; Orth et al., 2004). However, other than a pilot study conducted by Schwantes and McKinney (2010), these two lines of research have not been put together.

Perhaps there is the potential to develop a more person-centered approach to research that supplies some of the quantitative data required of research that can be generalized and is often considered more robust, while still considering the individuals who are involved in the research process more carefully. Ruud (2010) stated, "Too much emphasis on quantitative

research, so-called exact knowledge, may also reduce the ecological validity of research, which is necessary to uphold the link between the production of new knowledge and clinical realities” (p. 3).

In addition, measures should be selected with care. Each of the questionnaires used in this study had its strengths and short-comings. Future research should be careful in determining which aspects of mental health are the most essential to measure and what instruments measure the construct in a culturally appropriate way. The farmworkers may not always understand the questionnaires, so it is necessary to clearly explain how the results are used, why they are used, and what they will be used for, in terms of the research. Providing a careful explanation to the participants as to the nature of each of the measures may be necessary for obtaining accurate results. While a careful explanation is necessary, at the same time, this must be done in such a way that avoids over-explaining and affecting the results. In addition to the information being provided in the consent form, a thorough explanation could be provided during the orientation period for example, a week prior to administering the questionnaires. This would allow for space between the explanation and the administration.

It is recommended that future researchers utilize the orientation period, particularly with vulnerable populations. This orientation period allowed for the research staff to become acquainted with the farmworkers in a meaningful way prior to administering the questionnaires. It gave time for rapport to be established and perhaps a better baseline measurement could be taken. Additionally, it allows time for the farmworkers to get to know research staff so that they have adequate time to determine if they want to participate in the study. There are challenges to providing an orientation period. First, some farmworkers are migratory and the length of the study due to their impending migration may not allow time for a 2-3 week orientation period. Also, the orientation period could potentially decrease

some mental health symptoms creating an inaccurate baseline reading. However, even with these complications, an orientation period is recommended to future researchers.

Farmworker participants should always be given something in return for their participation. While it is necessary to compare the effects of one intervention over another to a control group, it is still necessary to provide the farmworkers with an intervention rather than just using a control group that does not receive any intervention. The alternative could be as simple as providing sports equipment or games to use during leisure time.

Additionally meshing participatory action research and a randomized control trial is recommended for future research. While the results of this study might indicate differently, allowing the two paradigms to co-exist provides a greater understanding of the knowledge gained. It is recommended that future studies consider a way of allowing the quantitative research to influence the qualitative research more fully. This could potentially be in two ways (1) the participants could develop the questionnaires to measure the outcome of the research with the aide of the research staff over a series of studies or (2) a questionnaire could be employed that would evaluate the value that the participants' placed on the research process. While both of these possibilities also present challenges, they would allow for merging the paradigms together in a more cohesive way. In this way the two would be more of a triangulated design as described by Cresswell and Plano-Clark (2007) rather than an exploratory design where the qualitative aspects of the research influence the quantitative.

Awareness of the agricultural season is essential for researchers working with farmworkers. Understanding the various types of work the farmworkers do and when they do them is important when designing a research protocol. Implementing studies during harvesting may be impossible as the farmworkers are often involved in long hours of harvesting every day. The make-up of camps also may change during this time as new

individuals arrive to help with the harvesting. It may be challenging to establish meaningful relationships with individuals who follow the crop, rather than staying in one area for the entire agricultural season.

Incorporating a farmworker into the research staff could assist in greater understanding of the agricultural season and other nuances of farmwork. Using an insider-outsider team approach as described by Clingerman (2007) or a *promotora* model might allow for the research to have a greater depth of meaning for the farmworkers. This person may also have the capabilities of explaining the research protocol to the farmworkers in language that is meaningful and useful to them. Previous clinical work has used the *promotora* model in order to educate farmworkers and other migrants of positive health practices (Torres & Ingram, 2009). Using a *promotora* program that is supervised by a music therapist may be a model that provides greater farmworker access to therapeutic music sessions. It would allow for a greater sustainability for the program and it would be completely farmworker led.

Returning to the farmworkers to disseminate the results is also an important recommendation for future researchers. At the time of the focus group interview in Phase II, the researcher had not returned to share the quantitative results with the farmworkers. Part of participatory action research notes that participants cannot take health-promoting action without knowledge of the results, as was suggested in Townsend et al. (2000). Future researchers should inform participants of the results and then ask them what their impressions of the research were.

It is challenging to be both a music therapist and a researcher. When music therapists see individuals in need, it seems almost impossible to step away and simply view these individuals as those in the comparison group. However, there is also a need for music therapy

research to be robust. When working with vulnerable populations as music therapists do, there is a need to create a research protocol that allows for the possibility of meeting these needs while at the same time maintaining a solid research design. This is particularly true for working with migrant farmworkers. They are a vulnerable population, but they also have the means and resources to interact with one another and find out what is going on at different camps.

It is necessary for researchers to know if certain camps work for the same grower. While some camps may not be near to each other, there are the possibilities that farmworkers work for the same boss, work together with other farmworkers from other camps, or engage in leisure activities such as soccer with men from other camps. News can travel quickly between the groups and a group not receiving an intervention or other compensation may feel resentful of the research. Conversely, if the group receiving the intervention does not feel they are benefitting from the intervention, they may tell other potential participants. In the case of this study, some of the farmworkers from Phase I told their friends about the music therapy intervention, so recruitment in Phase II was actually easier. Researchers should always assume there are networks in place among these individuals. In the case of this research the camps who were close to one another happened by pure chance to be in the same conditions; however, if researchers randomize nearby camps to different conditions, it is then particularly important that the camps receive equally valued benefits. Otherwise participant dropout could be high (Miranda, 1996) or the farmworkers could be resentful of the researcher.

Recommendations for Clinical Practice

This section addresses two different areas of focus. First, working specifically with farmworkers will be discussed. Secondly, more music therapists may encounter migrants in

other areas besides rural farmwork. Therefore, recommendations for working with migrants in a broader context will be discussed. Finally, a section on working with interpreters will also be discussed.

Working with Farmworkers

Flexibility is the most important attribute when working with farmworkers, particularly in regard to scheduling and timing. As noted previously, farmworkers are often not in charge of their own schedules. The music therapist must also be adaptable to the changing availability and schedules of the farmworkers.

Knowing a variety of music popular of the home country prior to working with farmworkers is also important in recruitment of clients. First of all, it gives the therapist and client something to discuss that is likely to be a shared interest. As is true for many music therapy participants, music is usually something that the farmworker is open to discussing, and such discussion can serve as a better foundation on which to establish relationship than inquiring about personal histories or “How was work?” When the farmworkers know that the music therapist already knows something about their music, it shows them that the music therapist has a genuine interest in their culture. The farmworkers may show more respect toward the music therapist if s/he demonstrates this knowledge.

Types of music therapy interventions used are also important to consider. Some farmworkers may need more receptive types such as listening and relaxation training (Grocke and Wigram, 2006), while other farmworkers may benefit from more activity-based interventions. In this current study, most of the farmworkers engaged in more active types of music therapy including instrument learning and re-creation of pre-composed songs, song writing, lyric analysis, and improvisation. However, receptive types of music therapy, including relaxation, may be more beneficial for farmworkers who may be experiencing

greater levels of depression or who may not be able to form bonds or connections with other individuals at their camps. Providing them with options for interventions allows them to chose the direction or approach used in their treatment.

Knowing when the encourage the farmworkers to go deeper into the music therapy work is also an essential component of working with this population. Farmworkers may be reluctant to engage in overtly-therapeutic interventions. However, in order to provide them with an effective intervention and effective overall services, it is important to know when to engage the farmworkers in deeper work.

Using plain or more direct terms is another important aspect for music therapists to consider when working with this population. Terminology like “mental health” or “depression” or “anxiety” may sound too clinical. Using terms more like “stress” or “health” may be more palatable.

Working with Migrants

Farmworkers might not be the first population with which music therapists consider working. There are many challenges when working with this population; however, music therapy has the potential to promote positive health with this vulnerable group of individuals. Ruud (2010) argued, “Other clients may come to music therapy because of mechanisms of social and cultural exclusion” (p. ix). Clinical practice in the United States needs to further branch out and meet some of the needs of individuals that are directly a result of being excluded due to social and cultural differences. Ruud furthered this idea by stating, “Music therapy is not only directed toward the individual, but often aimed at changing the systems that are part of the situation of the client” (p. 126). To consider changing the current farmworker situation and the whole process of migration seems overwhelming at best. The global economy is based partially on the number of migrants willing to travel internationally

to work for low wages to send remittances back home. While it is not in the scope of practice for music therapist to address this economic concern, it does seem like the responsibility of music therapists who are currently working with migrating immigrants to address the individual needs of their clients that are directly presented by the larger system in place.

Interpreters

Using an interpreter has its advantages and its disadvantages. Awareness of these is essential for music therapists working with this population. Using an interpreter can allow a music therapist who does not have enough second-language skills greater access to the population. An interpreter can be a bridge between the therapist and client (Zharinova-Sanderson, 2004). In many ways a music therapist who uses an interpreter is using a bridge in much the same way that he or she uses music. Conceiving of the interpreter as a bridge may allow the music therapist to use an interpreter more successfully.

The relationships between the therapist and client, the therapist and interpreter, and the client and interpreter all are important. The relationship between the therapist and the interpreter must include open communication and trust. While the music serves as the primary bridge between the therapist and client, the interpreter also performs this function, particularly when it is necessary to discuss the music-making process or in lyric analysis.

Conclusion

Through a mixed-methods approach utilizing participatory action research and repeated measures randomized control trial, this study sought to examine the effects of music therapy on Mexican farmworkers' levels of depression, anxiety, and social isolation over the course of two phases of research. Music therapy has the potential to alleviate many of the mental health issues presented by migrant farmworkers; however, this study did not find that music therapy significantly reduced depression, anxiety, and social isolation. This study also

sought to examine what type of music emerged from the sessions and its meaning to the participants. Specific meaningful music was identified by the farmworkers centering on themes of love, land, and culture. Finally, this study sought to determine how the farmworkers would participate in the music therapy research and how they would evaluate their relationship with the music therapist. The farmworkers identified trust, patience, and respect as being the key attributes of the music therapist that they valued.

Music therapy research with migrant farmworkers should be balanced. There should be a balance between the researcher's and farmworkers' agendas. There should be a balance of structured and unstructured aspects to the music therapy sessions. Finally, there should be a balance between allowing the music to express emotions and feelings, and stating those feelings aloud. This balance of ideas and goals should come from a point of collaboration, shared vision, and care between all of the individuals involved in order to produce the best possible outcomes.

Chapter 13: Summaries

English Summary

Background Information

Social, economic, and cultural barriers often lead to marginalization within a society. When compounded with isolation, separation from families, and lack of health care, these barriers can lead to mental health issues. One of the populations facing these challenges is Mexican migrant farmworkers who work in the United States's (US) agricultural industry. Due to the stressors caused by migration, separation from family, and living and working conditions, migrant farmworkers have been found to have high levels of anxiety and depression (Alderate, Vega, Kolody, & Aguilar-Gaxiola; Hiott, Grzywacz, Arcury, & Quandt; Magaña & Hovey, 2003).

These mental health problems have been reported substantially in the literature; however, at the time of this study, only one small pilot study had been published which outlined effective mental health practice with Mexican farmworkers (Schwantes & McKinney, 2010).

Music Therapy Literature

Music therapy has been found to alleviate some of the symptoms associated with anxiety (Kerr, Walsh, & Marshall, 2001; Robb, 2000; Robb, Nichols, Ruta, Bishop, & Parker, 1995) and depression (Hsu & Lai, 2004; Teague, Hahna, & McKinney, 2006). Interventions that were frequently used included music listening, music assisted relaxation, improvisation, songwriting, lyric analysis, and group music-making.

Music therapists have often found themselves working cross-culturally to meet client needs. Orth, Doorschodt, Verburgt, & Drozdek (2004) found music therapy to be an effective approach for refugees with mental health issues stemming from trauma. Some of the

interventions they used included music listening, learning an instrument, and improvisation. One of the challenges facing Western music therapists who come from an individualist society working cross-culturally is using a more collective approach (Bradt, 1997). Another challenge might be language barriers that necessitate an interpreter (Zharinova-Sanderson, 2004).

Community Music Therapy

Under the umbrella of culture-centered music therapy is community music therapy (CoMT). CoMT has often been the merging place between music therapy and community music. Community music has been defined as a more public event surrounding music for change, either personal or communal, while music therapy has primarily been focused on goal-directed change in small group or individual therapeutic settings. CoMT brings those two ideas together in a way that creates a place for individual and societal growth. Stige (2002) recommended that within the context of CoMT, music therapy sessions should take place in a community context as opposed to a clinic and that music therapy should promote change within the community.

Participatory Action Research

Participatory action research requires that researchers work with participants in designing and implementing research protocol. Participants take an active role in the research process and the research aims to empower the participants through collaboration. This method of research has been particularly effective with Latino men in health education for HIV-AIDS. (Rhodes, Hergenrather, Montano, Remnitz, Arceo et al., 2006).

Mixed Methods Research

Due to the various ontologies being studied in this research and the epistemological considerations that are needed to examine these ontologies, it was necessary to utilize mixed

methods research. The main ontology being studied is the effect of music therapy on mental health symptoms. In order to study change over time, it was necessary to gather quantitative data. Additionally, the process of participatory action research was also investigated through a qualitative interview. The qualitative ontologies included farmworker participation in the research process and meaningful music that emerged from the music therapy sessions. The mixed method design is a sequential-transformative design (Hanson, Creswell, Clark, Petska and Creswell, 2005) was used. There was an emphasis on the quantitative aspects of this research, with the qualitative aspects being used to play a supportive role by evaluating each phase of the research and providing insight for the next phase of the research as in the context of a sequential-transformative design. This design also provided a space for the participants' voices to be integrated in the research protocol.

Method

Design

This study used a mixed-methods sequential-transformative design (Hanson et al. 2005). It is divided into two distinct phases. The participants from Phase I influenced the design, method, and interventions in Phase II. Sources of data included quantitative measurements, focus group interviews, clinical notes, and song analysis.

Phase I

Participants

A total of 125 participants took part in this study over the period of two agricultural growing seasons. During Phase I of the research, 69 men participated from 12 distinct camps. Of these 69 participants, 55% were unmarried, 50% had 6 years of education or less, and 71% had documentation to live and work in the US. Participants came from both the Eastern part of North Carolina where they were primarily employed in the tobacco industry and the

Western part of the state where they were primarily employed in the Christmas tree industry. Additionally, three of the music therapy participants took part in a focus group interview centered around the music therapy intervention, and four men took part in a focus group interview centered around the control group's participation at the end of the study.

Data Collection and Measurements

Potential camps were identified by local farmworker health programs in both areas of the state. Pretest and posttest measures were taken for anxiety, depression, social isolation, alcohol consumption, self-efficacy, migrant farmworker stress, and perceived stress. These measurements were collated into a questionnaire.

Demographic information (age, marital status, first time in the US, years as a farmworker, language knowledge, education, economic security, and visa status) also was gathered. The questionnaires were read aloud to each participant and took approximately 45 minutes to complete.

The focus group interviews took place in the migrant farmworkers' homes and were conducted in Spanish by a trained research assistant. The music therapy focus group interview lasted approximately an hour and 15 minutes and the control group focus group lasted 45 minutes. Questions asked during the focus group centered around the farmworkers' relationship to the music therapists, their relationship to music, and their overall impressions of the research.

Interventions

The 12 participating camps were randomly assigned to one of three conditions: (1) music therapy, (2) English as a Second Language (ESL), or (3) a control condition that consisted of basic stress education. Camps in the music therapy condition received six music therapy sessions that focused on (a) learning to play the guitar, (b) group music-making, (c)

lyric analysis, and (d) song writing. Sessions lasted approximately an hour and a half. The participants in the ESL condition received six ESL classes consisting of basic safety, food, and work-related vocabulary. Participants in the control condition received instrumental music CD's and a culturally-appropriate stress education brochure.

Data Analysis

Data were analyzed using repeated measures ANOVA on pretest-posttest scores. Seven participants withdrew due to migration between pretest and follow-up. In addition, three participants from the ESL condition dropped out due to work. Finally an additional five participants were not available at the time of posttest data collection, with a total of 22% of participants lost from pretest to posttest. A one-way ANOVA was computed to compare camps from Eastern North Carolina with those in Western North Carolina at pretest. This analysis found that those in the Eastern part of the state reported significantly higher levels of stress and depression and significantly lower levels of self-efficacy than those in the West. Qualitative data were analyzed using a thematic analysis of participant responses to an interview guide created by the researcher. Concept coding, as described by Kvale and Brinkman (2009) was used to determine main themes.

Results

Marginally significant results were found for pretest-posttest change in the Eastern part of the state for depression and migrant farmworker stress for both the ESL and music therapy groups. Marginally significant results were found for pre-posttest change in the Eastern part of the state for perceived stress, alcohol dependence, and anxiety for the ESL group. The main themes that emerged from the music therapy participant's focus group were: education and learning, music, the music therapy sessions, and finally participatory action research. The two main themes that emerged from the control participants' focus group interview were

existing coping mechanisms and their impressions of the research. The focus group interviews provided many suggestions and ideas from the farmworkers' perspective which were then incorporated into the next phase of the research.

Song Analysis

After the completion of Phase I, one of the camps in the control group was in a serious van accident resulting in the deaths of two of the farmworkers. When offered a series of bereavement group options, the men chose music therapy. They participated in four music therapy sessions 2 months after Phase I posttests during which time they wrote and recorded a corrido. This song utilized the traditional outline and themes presented by Mexican corridos and described the events of the accident and the lives of the two men who died. This song served as an expression of their grief and as method through which the farmworkers opened up to each other and the wider community.

Phase II

Participants

In the second phase of the research, 12 camps participated with total of 56 farmworkers. Of these farmworkers 70% were married and the average number of years of education was 6, and 71% of the participants had documentation to work in the US. All of the farmworkers in this phase of the research lived in the Western part of NC where they were employed in the Christmas tree industry. Of these 56 farmworkers, 9 from the music therapy condition participated in a focus group interview at the end of the study.

Data Collection and Measurements

Potential camps were identified by the local farmworker health program. Each camp was approached with the farmworker health program staff and the research staff. Each camp that was willing to participate engaged in an orientation period of two visits over the span of

two to three weeks prior to being randomized into the two conditions. This orientation period consisted of talking about music, families, and hobbies. In addition to gathering demographic information (age, marital status, education, first time in the US, years as a farmworker, and visa status), pretest, posttest, and follow-up measurements were taken to assess levels of anxiety, depression, and social isolation. The questionnaires were read aloud to each participant and took approximately 10 minutes to complete.

In addition, two camps from the music therapy condition ($n = 9$) participated in a focus group interview after follow-up measurements. The interview took place in one of their homes and lasted for 45 minutes. It was conducted in Spanish by a trained research assistant.

Interventions

Camps were randomly assigned to either music therapy or a comparison condition. The six music therapy groups received 7-10 music therapy sessions with the exception of one group who returned to Mexico due to job loss. The music therapy condition consisted of (a) learning to play a preferred instrument (guitar, piano, or accordion), (b) group music-making, (c) lyric analysis, (d) improvisation, and (e) song-writing. The comparison group received two visits from the research staff over the period of the intervention during which time they received multiple CD's of preferred music.

Data Analysis

A one-way ANOVA determined that pretest levels were the same for both the music therapy and comparison groups' dependent variables (depression, anxiety, and social isolation). In addition Spearman's correlation was computed between pretest levels of dependent variables with control variables (visa status, marriage status, age, education, age they first came to the US, and number of years worked). It was found that the older farmworkers had lower levels of anxiety and depression, but not social isolation. Non-

parametric tests were used to compare the two conditions at each of the three time points because there was a violation of the assumption of homogeneity of variance. Qualitative data were analyzed in the same way as in Phase I.

Quantitative Results

Depression. Levels of depression were not significantly different between the music therapy and comparison conditions at posttest or follow-up. Participants in both the music therapy and comparison conditions significantly decreased their scores from pretest to follow-up.

Anxiety. Levels were not significantly different between groups at posttest and follow-up. In addition, neither group significantly changed their scores from pretest to follow-up.

Social Isolation. Levels were not significantly different between groups at posttest and follow-up. In addition, neither group significantly changed their scores from pretest to follow-up.

Qualitative Results

Focus Group Interview

Two overarching themes emerged from the focus group interview: relationships and participation in the study. The farmworkers identified their relationship to the music, to one another, and to the researcher/music therapist. They discussed how as the music therapy sessions progressed their relationship between themselves, the music, and the research staff began to develop. They identified the contributions of the research staff and music therapist that made the relationships possible. They felt that through their participation in the study that their stress was reduced. They also noted their interest in finding out the results of the study and provided more suggestions for future research.

Summary

The purpose of this research was to evaluate music therapy's effect on Mexican migrant farmworkers' levels of depression, anxiety, and social isolation. In addition, this research sought to examine the level of engagement the farmworkers had in the music therapy process and their relationship with the researcher/music therapist. The results found that music therapy did not have a significant effect on overall levels of depression, anxiety, or social isolation in either phase of the research. Through an analysis of focus group interviews and clinical notes, it was found that some of the farmworkers were more engaged in the overall music therapy process than others. Those who were more engaged demonstrated this through frequent music making, song selection, and reciprocity. Additionally, the farmworkers evaluated the process of participatory action research and contributed to the overall research design and protocol through this process. Finally, the farmworkers who were involved in the music therapy groups evaluated their relationship with the researcher/music therapist in terms of respect, trust, and patience.

Limitations of the Study

The limitations of this study included five main areas: (1) frequent interaction with the control group which may have interfered with the results, (2) perhaps the quantitative measures did not accurately measure the amount of change that happened in the therapy sessions, (3) some of the farmworkers did not have elevated levels of mental health issues, (4) there were gaps in the quantitative data due to migration and gaps in the qualitative data due to the interview process, and (5) challenges resulting in implementing a cross-cultural intervention.

Recommendations for Future Research

Future music therapy research should be done with this population and other marginalized populations. Assessing the effects of the interventions and the participants' experience with

the overall research should be included. A mixed-methods approach is recommended.

Measures should be selected with care and it is recommended that the researcher and the participants develop a meaningful way to evaluate the intervention together. Additionally, care should be taken when considering the timing involved with migrant farmworkers due to their work schedules and their participation in research. They should be involved throughout the research process and development as they are able.

Conclusion

Music therapy research with migrant farmworkers should be balanced. There should be a balance between the researcher's and farmworkers' agendas. There should be a balance of structured and unstructured aspects to the music therapy sessions. Finally, there should be a balance between allowing the music to express emotions and feelings, and stating those feelings aloud. This balance of ideas and goals should come from a point of collaboration, shared vision, and care between all of the individuals involved in order to produce the best possible outcomes.

References

- Alderate, E., Vega, W. A., & Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *American Journal of Public Health*, 90, 608-614.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24, 137-143.
- Hanson, W. E., Cresswell, J. W., Plano Clark, V. L., Petska, K. S., Cresswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52, 224-235.
- Hiott A., Grzywacz, J.G., Arcury, T.A., & Quandt, S.A. (2006). Gender

- differences in anxiety and depression among immigrant Latinos. *Family Systems Health*. 24, 137-146.
- Hsu, W. C., & Lai, H. L. (2004). Effects of music on major depression in psychiatric inpatients. *Archives of Psychiatric Nursing*, 18, 193-199.
- Kerr, T., Walsh, J., & Marshall, A. (2001). Emotional change processes in music-assisted reframing. *Journal of Music Therapy*, 38, 193-211.
- Kvale, S. & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Magaña, C. G., & Hovey, J. D. (2003). Psychosocial stressors associated with Mexican migrant farmworkers in the Midwest United States. *Journal of Immigrant Health*, 5, 75-86.
- Orth, J., Doorschodt, L., Verburgt, J., & Drozdek, B. (2004). Sounds of trauma: An introduction to methodology in music therapy with traumatized refugees in clinical and outpatient settings. In J. P. Wilson & B. Drozdek (Eds.) *Broken spirits: The treatment of traumatized asylum seekers, refugees and torture victims* (pp. 443-480). New York, NY: Brunner-Routledge
- Rhodes, S. D., Hergenrather, K. C., Montano, J., Remnitz, I. M., Arceo, R., Bloom, F.R.,...& Bowden, W. P. (2006). Using community-based participatory research to develop and intervention to reduce HIV and STD infections among Latino men. *AIDS Education and Prevention* 18, 375-389.
- Robb, S. L., Nichols, R. J., Ruta, R. L., Bishop, B. L., & Parker, J. C. (1995). The effects of music assisted relaxation on preoperative anxiety. *Journal of Music Therapy*, 32, 2-21.
- Robb, S. L. (2000). Music assisted progressive muscle relaxation, progressive muscle relaxation, music listening, and silence: A comparison of relaxation techniques. *Journal*

of Music Therapy, 37, 2-21.

Schwantes, M., & McKinney, C. (2010). Music therapy with Mexican migrant farmworkers:

A pilot study. *Music Therapy Perspectives*, 28, 22-28.

Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona.

Teague, A. K., Hahna, N. D., & McKinney, C. H. (2006). Group music therapy with women

who have experienced intimate partner violence. *Music Therapy Perspectives*, 24,

80-86.

Zharinova-Sanderson, O. (2004). Promoting integration and socio-cultural change:

Community music therapy with traumatized refugees in Berlin. In M. Pavlicevic & G.

Andsell (Eds.), *Community music therapy* (pp. 358-387). London, UK: Jessica

Kingsley Publishers.

Dansk Resume

Baggrunds-information

Sociale, økonomiske og kulturelle barrierer fører ofte til marginalisering i et samfund. Ledsages disse barrierer af isolation, adskillelse fra familien og manglende adgang til sundhedsvæsenet, kan de afstedkomme problemer for den mentale sundhed. En af de populationer, der står over for sådanne udfordringer, er mexicanske landarbejdere, der arbejder i USA's landbrugsindustri. De er udsat for en række stressorer fremkaldt af indvandring såsom adskillelse fra deres familier samt andre belastende livs- og arbejdsbetingelser. Der kan således findes en forhøjet forekomst af angst og depression for denne population. En forekomst, der er solidt dokumenteret i litteraturen (Alderate, Vega, Kolody, & Aguilar-Gaxiola; Hiott, Grzywacz, Arcury, & Quandt; Magaña & Hovey, 2003). Derimod er der kun publiceret ét mindre pilotstudie, der gør rede for mentale sundhedstiltag overfor mexicanske landarbejdere, som har vist sig effektive (Schwantes & McKinney, 2010).

Musikterapilitteratur

Musikterapi kan afbøde nogle af de symptomer, som er forbundet med angst (Kerr, Walsh, & Marshall, 2001; Robb, 2000; Robb, Nichols, Ruta, Bishop, & Parker, 1995) og depression (Hsu & Lai, 2004; Teague, Hahna, & McKinney, 2006). Musiklytning, musikledsaget afspænding, improvisation, sangskrivning, lyrikanalyse samt sammenspil er interventioner, der hyppigt er brugt i denne sammenhæng.

Musikterapeuter arbejder ofte tværkulturelt for at imødekomme klienternes behov. Orth, Doorschodt, Verburgt, & Drozdek (2004) beskriver eksempelvis, hvorledes musikterapi kan udgøre en effektiv tilgang til behandling af flygtninge med mentale sundhedsproblemer, der hidrører fra traumer, idet de bl.a. har anvendt interventioner som musiklytning,

instrumental undervisning og improvisation. En særlig udfordring, som en musikterapeut fra en vestlig og individorienteret kulturkreds kan møde, er at skulle anlægge en mere kollektiv tilgang (Bradt, 1997). En anden udfordring kan være at skulle overkomme sproglige barrierer, herunder at lave terapi under tilstedeværelse af en tolk (Zharinova-Sanderson, 2004).

Samfundsmusikterapi

Indenfor kulturcentreret musikterapi findes retningen 'samfundsmusikterapi' (SMT), på engelsk community music therapy. SMT er opstået som en blanding af musikterapi og såkaldt samfundsmusik (community music). Samfundsmusik kan defineres som en offentlig musikbegivenhed, der finder sted med det mål at skabe personlig eller fælles forandring, mens musikterapi hovedsageligt har haft fokus på målrettet forandring i en individuel eller gruppeterapeutisk setting.

SMT bringer disse to idéer sammen på en måde, der skaber mulighed for både individuel og samfundsmæssig vækst. Stige (2002) anbefaler dels at lokere SMT-musikterapisessioner indenfor en lokal, samfundsmæssig kontekst frem for i en klinisk, og dels, at musikterapien bør fremme forandringen inden for lokalsamfundet.

Participatory Action Research (PAR)

PAR, dvs. aktionsforskning med deltagelse, indebærer, at forskeren sammen med deltagerne designer og implementerer forskningsprotokollen. Deltagerne har således en aktiv rolle i forskningsprocessen, og forskningen stiler mod at styrke (empower) deltagerne gennem dette samarbejde. Denne forskningsmetode har før vist sig særligt effektiv i forbindelse med forebyggende sundhedsundervisning om HIV-AIDS for latinamerikanske mænd (Rhodes, Hergenrather, Montano, Remnitz, Arceo et al., 2006).

Mixed Method-design

På grund af de forskelligartede ontologier, der er blevet undersøgt i forbindelse med denne forskning, samt de epistemologiske overvejelser, disse ontologier fordrer, har det været nødvendigt at anvende mixed method-design. Desuden blev aktionsforsknings processen også genstand for undersøgelse gennem kvalitative interview. De kvalitative ontologier inkluderede landarbejderes deltagelse i forskningsprocessen og den meningsfulde musik der opstod fra denne musikterapi session. Der anvendtes et sekventielt-transformativt mixed metode design (Hanson, Creswell, Clark, Petska and Creswell, 2005). Hovedvægten var på det kvantitative aspekt af forskningen, mens de anvendte kvalitative aspekter havde en støttende rolle dels som evaluerings instrument for hver fase af forskningen og dels som refleksion forum for den kommende forskningsfase som det gøres indenfor sekventielle transformative designs kontekst. Dette design giver også mulighed for at deltagernes udsagn; "deres stemme", blev integreret i forskningsprotokollen.

Metode

Design

Dette studie anvender et såkaldt mixed methode-design, dvs. et metodisk blandet design, hvori participatory action research (PAR) udgør det grundlæggende forskningsdesign. Studiet er opdelt i to adskilte faser. Deltagerne fra fase I har influeret på såvel design, metode som på intervention i fase II. Data inkluderer kvantitative mål, fokusgruppe-interview, kliniske noter og sanganalyse. Kvantitative og kvalitative data på tværs af begge faser er integreret i det samlede forskningsresultat.

Fase I

Deltagere

Der deltog ialt 125 personer i nærværende undersøgelse over en periode af to

høstsæsoner. I forskningens første fase deltog 69 mænd fra 12 forskellige lejre. Ud af disse 69 deltagere var 55% ugifte, 50% havde 6 eller færre års uddannelse, og 71% havde legitim ret til at leve og arbejde i USA. Deltagerne kom både fra den østlige del af North Carolina, hvor de primært var beskæftiget indenfor tobaksindustrien, og fra den vestlige del af staten, hvor de primært var beskæftiget indenfor juletræs-industrien. Dertil indgik tre af musikterapi-deltagerne i et fokusgruppe-interview med fokus på musikterapi- intervention, mens fire mænd deltog i et fokusgruppeinterview med fokus på kontrolgruppens deltagelse i slutningen af studiet.

Dataindsamling og -beregning

Potentielle lejre blev identificeret af medarbejdere fra det lokale landarbejder-sundhedsprogram i begge områder af staten. Prætest- og posttets-målinger blev taget for angst, depression, social isolation, alkohol- forbrug, self-efficacy (tillid til egen formåen), stress som følge af indvandring og oplevet stress. Disse mål blev indsamlet ved hjælp af spørgeskema.

Demografiske informationer om alder, civilstand, første indrejse i USA, antal år som landarbejder, sprogkunderskaber, uddannelse, økonomisk sikkerhed og visa-status blev også indsamlet. Spørgeskemaerne blev læst højt for hver enkelt deltager og tog omtrent 45 minutter at gennemføre.

Fokusgruppe-interviewene foregik i landarbejdernes hjem og blev udført på spansk af en trænet forskningsassistent. Musikterapi-fokusgruppe-interviewet varede omtrent en time og 15 minutter, mens kontrolgruppe-interviewet varede 45 minutter. Spørgsmålene, der blev stillet under fokusgruppeinterviewet, var centreret omkring landarbejdernes relation til musikterapeuten, deres relation til musikken og deres overordnede indtryk af forskningen.

Interventioner

De 12 deltagende lejre blev på randomiseret vis opdelt i tre grupper tilskrevet forskellige betingelser: (1) en musikterapi-gruppe, (2) en EAS-gruppen (EAS – engelsk som andet sprog) og (3) en kontrol-gruppe. Ad 1: Landarbejdere fra lejre, der fik musikterapi, modtog seks sessioner, der fokuserede på (a) at lære at spille guitar, (b) sammenspil, (c) lyrikanalyse og (d) sangskrivning. Sessionerne varede omtrent 30 minutter. Ad 2: Deltagerne i EAS-gruppen modtog undervisning seks gange i hhv. grundlæggende sikkerhedsforanstaltninger, madlavning og arbejdsrelateret sprogbrug. Ad 3: Deltagerne i kontrolgruppen fik udleveret CD'er med instrumentalmusik samt en kulturelt tilpasset stressundervisnings-brochure.

Data-analyse

Data blev analyseret under anvendelse af en parret t-test. Syv deltagere trak sig ud af studiet, fordi de flyttede mellem præ- og posttest. Yderligere tre deltagere fra EAS-gruppen droppede ud på grund af arbejde. Endelig var yderligere fem deltagere ikke tilgængelige ved postdata-indsamlingen. I alt udgik 22 % af deltagerne fra præ- til posttest.

Ved prætesten blev der anvendt en såkaldt envejs-ANOVA med henblik på at lave en sammenlignende analyse af lejre fra det østlige North Carolina med lejre fra det vestlige North Carolina. Analysen viste, at deltagerne fra den østlige del af staten kunne rapportere signifikant højere stress- og depressionsniveauer samt et signifikant lavere niveau af self-efficacy sammenlignet med deltagere fra den vestlige del af staten.

Kvalitative data blev analyseret ved hjælp af tematisk analyse af deltagerne interview-data. Deltagerne blev interviewet ud fra en af forskerne fremstillet interviewguide. Konceptkodning, som beskrevet af Kvale og Brinkmann (2009), blev anvendt til at bestemme hovedtemaer.

Resultater

Der blev fundet marginalt signifikante forandringer fra præ- til posttest for depression og immigrant/landarbejder-stress for såvel ELS- som for musikterapi-grupperne i den østlige del af staten. Marginalt signifikante forandringer blev fundet i ESL-gruppen i den østlige del af staten i forhold til oplevet stress, alkoholafhængighed og angst.

De overordnede temaer, der fremkom af den kvalitative interviewanalyse fra musikterapideltagernes fokusgrupper, var: Uddannelse og læring, musik, den musikterapeutiske session og endelig aktionsforskning med deltagelse. De to hovedtemaer, der opstod fra kontroldeltagernes fokusgruppe-interview, var: Eksisterende copingmekanismer og deres indtryk af forskningen. Fokusgruppe-interviewene bidrog med mange forslag og idéer, der blev indarbejdet i forskningsfase II.

Sanganalyse

Efter afslutning af fase I var der en alvorlig lastbilulykke i en af de lejre, der indgik i kontrol gruppen. Ulykken medførte, at to landarbejder blev dræbt. Da kontrolgruppen blev tilbudt forskellige muligheder for sorggruppe, valgte mændene musikterapi. De deltog i fire musikterapi-sessioner to måneder efter posttestene i fase 1, hvor de skrev og indspillede en såkaldt corrido. Denne sang blev bygget op over en traditionel form og tema, som man kan finde dem i de mexikanske corridos. Sangen beskrev ulykken samt de to døde mænds tilværelse. Sangen udtrykte deltagernes sorg, men fungerede også som en metode gennem hvilken landarbejderne åbnede sig for hinanden og det øvrige samfund.

Fase II

Deltagerne

I den anden forskningsfase deltog i alt 56 landarbejdere fra 12 lejre. Af disse var 70 % gift, havde en gennemsnitlig skolegang på 6 år, og 71 % havde dokumenteret tilladelse til at

arbejde i USA. De landarbejdere, der deltog i denne anden fase af forskningen, boede i den vestlige del af North Carolina og arbejdede i juletræs-industrien. Af disse 56 landarbejdere deltog 9 personer fra musikterapigruppen i et fokusgruppe-interview ved afslutningen af undersøgelsen.

Dataindsamling og beregning

Mulige lejre blev identificeret af det lokale landarbejder-sundhedsprogram. Hver lejr fik en henvendelse fra såvel en ansat fra sundhedsprogrammet som fra en forskningsmedarbejder. De lejre, der indvilligede i at deltage, gennemløb en treugers orienteringsperiode med to besøg, før de blev randomiseret i forhold til to undersøgelsesbetingelser og inddelt i grupper. I orienteringsperioden fandt samtaler sted om musik, familier og fritidsinteresser. I forbindelse med indsamling af demografiske informationer såsom: alder, civilstand, uddannelse, første besøg i USA, antal år som landarbejder og visa-status blev prætest og posttest samt follow up-mål taget med henblik på assessment af angst, depressionsniveau og grad af social isolation. Spørgeskemaer blev læst højt for hver deltager og tog omtrent 10 minutter at gennemføre.

Ydermere deltog to lejre fra musikterapigruppen ($n = 9$) i et fokusgruppeinterview, efter follow up-mål var indsamlet. Interviewet foregik hjemme hos en af deltagerne og varede i 45 minutter. Det blev udført på spansk af en trænet forskningsassistent.

Interventioner

Lejre blev randomiseret til to betingelser: Enten musikterapi- eller en sammenligningsbetingelse. De seks musikterapi grupper modtog syv til ti musikterapisessioner med undtagelse af én gruppe, der tog tilbage til Mexico pga. mistet arbejde. Musikterapibetingelsen bestod af (a) at lære at spille på et foretrukket instrument: guitar, klaver eller accordion, (b) sammenspil, (c) lyrikanalyse, (d) improvisation og (e)

sangskrivning. Sammenligningsgruppen modtog to besøg fra forskningsstaben i løbet af interventionsperioden, under hvilke de lyttede til adskillige CD'er med foretrukken musik.

Dataanalyse

En envejs-ANOVA viste, at prætest-niveauet var det samme for begge grupper af afhængige variable (depression, angst og social isolation). Efterfølgende beregnedes Spearmanns Correlation på computer med henblik på at bestemme prætest-niveauet for afhængige variable med kontrolgruppens variable (visa-status, civilstand, alder, uddannelse, første gang i USA og antal år som landarbejder). Heraf kunne iagttages, hvorledes ældre landarbejdere havde et lavere niveau for angst og depression, men ikke for social isolation. Non-parametriske test anvendtes til at sammenligne de to betingelser i forhold til tre forskellige tidslige målepunkter. Anvendelsen af non-parametriske tests for de to grupper viste, at de ikke var tilstrækkeligt homogene. Kvalitative data blev analyseret på samme måde som i fase I.

Kvantitative fund

Depression. Der blev ikke fundet signifikante forskelle mellem graden af depression mellem grupper tilskrevet musikterapi-betingelsen og sammenligningsbetingelsen ved posttest og follow up. Alle deltagere formindskede deres score signifikant fra prætest til follow up.

Angst. Der var ikke signifikant forskel mellem grupperne fra posttest til follow up. Desuden ændrede ingen af gruppernes score sig signifikant fra prætest til follow up.

Social Isolation. Der var ikke signifikant forskel mellem grupperne fra posttest til follow up. Desuden ændrede ingen af gruppernes score sig signifikant fra prætest til follow up.

Kvalitative resultater

Fokusgruppe-interview

To overordnede temaer præsenterede sig ud fra fokusgruppeinterviewene, hhv. relationer og deltagelse i studiet. Landarbejderne identificerede deres relation til musikken, til hinanden og til forskeren/musikterapeuten. De diskuterede, hvorledes deres indbyrdes relationer, relationer til musikken og til forskningsstaben udvikledes, mens musikterapisessionerne foregik. De identificerede forskningsstabens og musikterapeutens bidrag, som gjorde relationen mulig. De erfarede, hvordan deres stressniveau blev reduceret gennem deres deltagelse i undersøgelsen. De noterede sig også deres interesse i fundene af studiet, og de kom med forslag til fremtidig forskning.

Opsummering

Formålet med dette forskningsprojekt var at evaluere effekten af musikterapi på grad af depression, angst, og social isolation hos indvandrede, mexicanske landarbejdere. Endvidere søgte denne forskning at undersøge den grad af engagement, som landarbejderne havde i musikterapiprocessen og deres relation til forskeren/musikterapeuten. Resultaterne viser, at musikterapi ikke har haft en samlet signifikant effekt på graden af depression, angst eller social angst i nogen af faserne. Gennem analyse af fokusgruppeinterview og kliniske noter blev det fundet, at nogle landarbejdere var mere engagerede i den samlede musikterapiproces end andre. De, som var mere engagerede, viste dette gennem hyppigt at spille musik, gennem deres sangvalg og gensidighed. Yderligere evaluerede landarbejderne processen 'at deltage i participatory action research' og bidrog til den samlede forskningsprotokol og design. Endelig evaluerede de landarbejderne, der var involveret i musikterapigrupper, deres relation til forskeren/musikteraputen i forhold til termerne respekt, tillid og tålmodighed.

Undersøgelsens begrænsninger

Undersøgelsens begrænsninger fordeler sig på fem hovedområder: (1) hyppig interaktion med kontrolgruppen kan have påvirket resultaterne, (2) de kvantitative målinger har måske ikke målt graden af forandring, der skete i terapisesionerne nøjagtigt nok, (3) nogle landarbejdere havde ikke forhøjede niveauer af depression, angst og social isolation, (4) der var mangler i de kvantitative data som følge af migration samt mangler i de kvalitative data som følge af interviewprocessen, ligesom der var (5) udfordringer som følge af implementering af tværkulturelle interventioner.

Anbefalinger for fremtidig forskning

Det anbefales at gøre fremtidig musikterapiforskning med denne population og andre marginaliserede populationer. Vurdering af effekten af interventioner og deltagernes samlede oplevelse/erfaring bør inkluderes. En mixed metode-tilgang anbefales. Målinger skal vælges med omhu, og det anbefales, at forsker og deltager udvikler en meningsfuld måde at evaluere interventioner sammen på. Det er dertil vigtigt at tage timing i betragtning i forhold til landarbejdernes arbejdstid og deres deltagelse i forskning. De skal involveres gennem hele forskningsprocessen og dens udvikling i det omfang, de er i stand til det

Konklusion

Fundene i denne forskning viser nødvendigheden af at balancere en række forhold, når man udfører forskning med indvandrede landarbejdere: Forskerens og landarbejdernes dagsordener bør afstemmes. Der bør være en balance mellem strukturerede og strukturerede elementer i musikterapi-sessionerne. Endeligt bør der være en balance mellem at tillade emotionelt udtryk gennem musik og gennem verbalisering. Denne balance af idéer og mål bør udspringe fra samarbejdet, delte visioner og omsorg mellem de involverede individer med den hensigt at producere det bedst mulige udbytte.

References

- Alderate, E., Vega, W. A., & Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *American Journal of Public Health*, 90, 608-614.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24, 137-143.
- Hanson, W. E., Cresswell, J. W., Plano Clark, V. L., Petska, K. S., Cresswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52, 224-235.
- Hiott A., Grzywacz, J.G., Arcury, T.A., & Quandt, S.A. (2006). Gender differences in anxiety and depression among immigrant Latinos. *Family Systems Health*. 24, 137-146.
- Hsu, W. C., & Lai, H. L. (2004). Effects of music on major depression in psychiatric inpatients. *Archives of Psychiatric Nursing*, 18, 193-199.
- Kerr, T., Walsh, J., & Marshall, A. (2001). Emotional change processes in music-assisted reframing. *Journal of Music Therapy*, 38, 193-211.
- Kvale, S. & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Magaña, C. G., & Hovey, J. D. (2003). Psychosocial stressors associated with Mexican migrant farmworkers in the Midwest United States. *Journal of Immigrant Health*, 5, 75-86.
- Orth, J., Doorschodt, L., Verburgt, J., & Drozdek, B. (2004). Sounds of trauma: An introduction to methodology in music therapy with traumatized refugees in clinical and outpatient settings. In J. P. Wilson & B. Drozdek (Eds.) *Broken spirits: The treatment of*

- traumatized asylum seekers, refugees and torture victims (pp. 443-480). New York, NY: Brunner-Routledge
- Rhodes, S. D., Hergenrather, K. C., Montano, J., Remnitz, I. M., Arceo, R., Bloom, F.R.,...& Bowden, W. P. (2006). Using community-based participatory research to develop and intervention to reduce HIV and STD infections among Latino men. *AIDS Education and Prevention* 18, 375-389.
- Robb, S. L., Nichols, R. J., Ruta, R. L., Bishop, B. L., & Parker, J. C. (1995). The effects of music assisted relaxation on preoperative anxiety. *Journal of Music Therapy*, 32, 2-21.
- Robb, S. L. (2000). Music assisted progressive muscle relaxation, progressive muscle relaxation, music listening, and silence: A comparison of relaxation techniques. *Journal of Music Therapy*, 37, 2-21.
- Schwantes, M., & McKinney, C. (2010). Music therapy with Mexican migrant farmworkers: A pilot study. *Music Therapy Perspectives*, 28, 22-28.
- Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona.
- Teague, A. K., Hahna, N. D., & McKinney, C. H. (2006). Group music therapy with women who have experienced intimate partner violence. *Music Therapy Perspectives*, 24, 80-86.
- Zharinova-Sanderson, O. (2004). Promoting integration and socio-cultural change: Community music therapy with traumatized refugees in Berlin. In M. Pavlicevic & G. Andsell (Eds.), *Community music therapy* (pp. 358-387). London, UK: Jessica Kingsley Publishers.

References

- Abrams, B. (2005). Evaluating qualitative music therapy research. In B. Wheeler (Ed.). *Music Therapy Research* (2nd edition). pp. 246-258. Gilsum, NH: Barcelona.
- Alaniz, M. L. (2002). Migration, acculturation, displacement: Migratory workers and substance abuse. *Substance Use and Misuse*, 37, 1253-1257.
- Alderate, E., Vega, W. A., & Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *American Journal of Public Health*, 90, 608-614.
- Amir, D. (2004). Community music therapy and the challenge of multiculturalism. In M. Pavlicevic and G. Ansdell (eds.). *Community Music Therapy*. (pp. 249-268). London, England: Jessica Kingsley
- Andres-Hyman, R. C., Ortiz, J., Anez, L. M., Paris, M., & Davidson, L. (2006). Culture and clinical practice: Recommendations for working with Puerto Ricans and other Latinas(os) in the United States. *Professional Psychology: Research and Practice*, 694-701.
- Ansdell, G. (2009). Reflection: Belonging through musicing: Explorations of musical community. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.). (pp. 41-64). *Where Music Helps: Community music therapy in action and reflection*. Burlington, VT: Ashgate.
- Ansdell, G. (2002). Community music therapy and the winds of change-A discussion paper. In C. Kenny & b. Stige (Eds.), *Contemporary Voices in Music Therapy: Communication, Culture, and Community* (pp. 109-142). Oslo, Norway: Unipub forlag.
- Ansdell, Gary (2002b). Community music therapy & the winds of change.

- Voices: A World Forum for Music Therapy. Retrieved April 7, 2009, from [http://www.voices.no/mainissues/Voices2\(2\)ansdell.html](http://www.voices.no/mainissues/Voices2(2)ansdell.html)
- Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G. (2008). Toward a fuller conception of machismo: Development of a traditional machismo and caballerismo scale. *Journal of Counseling Psychology, 55*, 19-33.
- Apostolopoulos, Y., Sonmez, S., Kronenfeld, J., Castillo, E., McLendon, L., & Smith, D. (2006). STI/HIV risks for Mexican migrant laborers: Exploratory ethnographies. *Journal of Immigrant and Minority Health, 8*, 291-302.
- Arcury, T. A., & Quandt, S. A. (2007). Delivery of health services to migrant and seasonal farmworkers. *Annual Review of Public Health, 28*, 345-363.
- Baily, J., & Collyer, M. (2006). Introduction: Music and migration. *Journal of Ethnic and Migration Studies, 32*, 167-182.
- Balmer, D. H., Seeley, J., & Bachengana, C. (1996). The role of counseling in community support for HIV/AIDS in Uganda. *Counselling Psychology Quarterly, 9*, 177-190.
- Baker, F. & Jones, C. (2006). The effect of music therapy services on classroom behaviours of newly arrived refugee students in Australia - a pilot study. *Emotional and Behavioural Difficulties, 11*, 4, 245-256.
- Bechtel, G. A., Shepard, M. A., & Rogers, P. W. (1995). Family, culture, and health practices among migrant farmworkers. *Journal of Community Health Nursing, 12*, 15-22.
- Boxill, E.H. (1977). *Students against violence through music therapy (S.A.V.E.) through music therapy: A manual of guidelines and music therapy interventions*. New York: Music Therapists for Peace, Inc.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy, 24*, 137-143

- Brown, J. M. (2001). Towards a culturally centered music therapy practice. *Canadian Journal of Music Therapy*, 8, 11-24.
- Bruscia. K. (1998). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Burnett, J. (2009). Narcocorridos: Ballads of the Mexican cartels. Retrieved from:
www.npr.org/templates/story/story.php?storyId=113664067
- Butterworth, M. & Benavides, D. (October, 2010). Alternative coping tools for migrant farmworkers. Conference presentation at the East Coast Migrant Stream Forum, Charleston, SC.
- Clingerman, E. (2007). A situation-specific theory of migration transition for migrant farmworker women. *Research and Theory for Nursing Practice: An International Journal*, 21, 220-235.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 24, 385-396.
- Colan, D. B. (2006). 'I've worked longer than I've lived': Lesotho migrants' songs as maps of experience. *Journal of Ethnic and Migration Studies*, 32, 233-241.
- Comas-Diaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 43, 436-453.
- Cooper, S. P., Heitman, E., Fox, E. E., Quill, B. Knudson, P., Zahm, S. H., MacNaughton, N., & Ryder, R. (2004). Ethical issues in conducting migrant farmworker studies. *Journal of Immigrant Health*, 6, 29-39.
- Cresswell, J. W. & Plano-Clark, V. L. (2007). *Designing and conducting mixed methods research*. London, England: Sage Publications.
- Crockett, L. J., Randall, B. A., Shen, Y. L., Russel, S. T., & Driscoll, A. K. (2005). Measurement equivalence of the Center for Epidemiological Studies Depression Scale

- for Latino and Anglo adolescents: A national study. *Journal of Consulting and Clinical Psychology*, 73, 47-58.
- Crowley, M. O. (2003). Latino access to mental health, developmental disabilities, and substance abuse services in North Carolina. *NC Medical Journal*, 64, 127-128.
- Diaz, R., M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racismo on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health*, 91, 927-932.
- Doran, G. & Hansen, N. D. (2006). Constructions of Mexican American family grief after the death of a child: An exploratory study. *Cultural Diversity and Ethnic Minority Psychology*, 12, 199-211.
- Elder, J. P., Ayala, G.X., Campbell, N. R., Slymen, D., Lopez-Madurga, E. T., Engelberg, M., & Baquero, B. (2005). Interpersonal and print nutrition communication for a Spanish-dominant Latino population: Secretos de la Buena Vida. *Health Psychology*, 24, 49-57.
- Feilzer, M. Y. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of Mixed Methods Research*, 4, 6-16
- Ferrer, A. J. (2007). The effect of live music on decreasing anxiety in patients undergoing chemotherapy treatment. *Journal of Music Therapy* 44, 242-255.
- Field, A., (2009). *Discovering statistics using SPSS*. London, England: Sage.
- Finch, B. K., Frank, R., & Vega, W. A. (2004). Acculturation and acculturation stress: A social-epidemiological approach to Mexican migrant farmworkers' health. *International Migration Review*, 38, 236-262.
- Findings from the National Agricultural Workers Survey (NAWS) 1989: A Demographic and

- Employment Profile of Perishable Crop Farm Workers. U.S. Department of Labor, Office of the Assistant Secretary for Policy, Office of Program Economics, Research Report No. 2. November 1991.
- Flaskerund, J. H. & Ruiz Calvillo, E. (2007). Psyche and soma: Susto and diabetes. *Issues in Mental Health Nursing*, 28, 821-823.
- Forrest, L. C. (2000). Addressing issues of ethnicity and identity in palliative care through music therapy practice. *Australian Journal of Music Therapy*, 11, 23-37.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Herder and Herder.
- Garcia, V., & Gondolf, E. (2004). Transnational Mexican farmworkers and problem drinking: A review of the literature. *Contemporary Drug Problems*, 31, 129-161.
- Getrich, C., Heying, S., Willging, C., & Waizkin, H. (2007). An ethnography of clinic “noise” in a community-based, promotora-centered mental health intervention. *Social Science and Medicine*, 65, 319-330.
- Gonzalez, G. M., Winfrey, J., Sertic, M., Salcedo, J., Parker, C., & Mendoza, S. (2000). A bilingual telephone-enabled speech recognition application for screening depression symptoms. *Professional Psychology: Research and Practice*, 31, 398-403.
- Gonzalez Ramirez, M. T. & Landero Hernandez, R. (2007). Factor structure of the perceived stress scale (PSS) in a sample from Mexico. *The Spanish Journal of Psychology*, 10, 199-206.
- Goto, K., & Ruiz, E. (2006). Relaxation training. Retrieved from: <http://vcc.asu.edu/relax/index.shtml>
- Grocke, D. & Wigram, T. (2006). Receptive methods in music therapy: Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students. London: Jessica Kingsley Publishers.

- Grzywacz, J. G., Quandt, S. A., Arcury, T. A., & Marín, A. (2005). The work-family challenge and mental health: Experiences of Mexican immigrants. *Community, Work & Family*, 8, 271-279.
- Grzywacz, J. G., Quandt, S. A., Early, J., Tapia, J., Graham, C. N., & Arcury, T. A. (2006). Leaving family for work: Ambivalence and mental health among Mexican migrant farmworker men. *Journal of Immigrant and Minority Health*, 8, 85-97.
- Grzywacz, J. G., Hovey, J. D., Seligman, L. D., Arcury, T. A., & Quandt, S. A. (2006). Evaluating short-form versions of the CES-D for measuring depressive symptoms among immigrants from Mexico. *Hispanic Journal of Behavioral Sciences*, 28, 404-424.
- Grzywacz, J. G., Quandt, S. A., Isom, S., & Arcury, T. A. (2007). Alcohol use among immigrant Latino farmworkers in North Carolina. *American Journal of Industrial Medicine*, 50, 617-625.
- Grzywacz, J. G., Arcury, T. A., Marín, A., Carrillo, L., Burke, B., Coates, M. L., & Quandt, S. A. (2007). Work-family Conflict: Experiences and Health Implications among Immigrant Latinos. *Journal of Applied Psychology*, 92, 1119-1130.
- Grzywacz, J. G. (2009). Community participatory approach to measuring farmworker pesticide exposure: PACE3” (R01-ES08739). Winston Salem, NC: Wake Forest University.
- Guétin, S., Portet, F., Picot, M.C., Pommié, C., Messaoudi, M., ... Touchon, J. (2009). Effect of music therapy on anxiety and depression in patients with Alzheimer’s type dementia: Randomized, controlled study. *Dementia and Geriatric Cognitive Disorders*, 28, 36-46.
- Hanson, W. E., Creswell, J. W., Plano Clark, V. L., Petska, K. S., Creswell, J. D. (2005)

- Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52, 224-235.
- Hawkes, L., May, J., Earle-Richardson, G., Paap, K. Santiago, B., & Ginley, B. (2007). Identifying the occupational health needs of migrant workers. *Journal of Community Practice*, 15(3), 57-76.
- Hiott A., Grzywacz, J.G., Arcury, T.A., & Quandt, S.A. (2006). Gender differences in anxiety and depression among immigrant Latinos. *Family Systems Health*. 24, 137-146.
- Hiott, A.E., Grzywacz, J. G., Davis, S.W., Quandt, S.A., & Arcury, T.A. (2008). Migrant farmworker stress: Mental health implications. *Journal of Rural Health*, 24, 32-39.
- Hovey, J. D., Magaña, C. G., & Booker, V. (2001). The relationship of migrant farmworker stress to depression and hopelessness: Preliminary findings in the standardization of the migrant farmworker stress inventory (MFWSI). The Program for the Study of Immigration and Mental Health (PSIMH), Department of Psychology, The University of Toledo.
- Hovey, J. D., & Magaña, C. G. (2002). Psychosocial predictors of anxiety among immigrant Mexican migrant farmworkers: Implications for prevention and treatment. *Cultural Diversity and Ethnic Minority Psychology*, 8, 274-289.
- Hovey, J. D., & Magaña, C. G. (2002b). Cognitive, affective, and physiological expressions of anxiety symptomatology amongst Mexican migrant farmworkers: Predictors and generational differences. *Community Mental Health Journal*, 38, 223-237.
- Hsu, W. C., & Lai, H. L. (2004). Effects of music on major depression in psychiatric inpatients." *Archives of Psychiatric Nursing*, 18, 193-199.
- Jerusalem, M., & Schwarzer, R. (1992). Self-efficacy as a resource factor in stress appraisal

- processes. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 195-213). Washington, DC: Hemisphere.
- Jezewski, M. A., & Poss, J. (2002). Explanatory model of Western Mexican Americans' type 2 diabetes, *Journal of Nursing research*, 24, 840-858.
- Jones, C., Baker, F., & Day, T. (2004). From healing rituals to music therapy: Bridging the cultural divide between therapist and young Sudanese refugees. *The Arts in Psychotherapy*, 31, 89-100.
- Kerr, T., Walsh, J., & Marshall, A. (2001). Emotional change processes in music-assisted reframing. *Journal of Music Therapy*, 38, 193-211.
- Khanlou, N. & Peter, E. (2005). Participatory action research: Considerations for ethical review. *Social Science and Medicine*, 60, 2333-2340.
- Kidd, S. A., & Kral, M. J. (2005). Practicing Participatory Action Research. *Journal of Counseling Psychology*, 52, 187-195.
- Kvale, S. & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Lang, L., & McInerney, U. (2002). Bosnia-Herzegovina: A music therapy service in a post-war environment. In J. Sutton (Ed.). *Music, music therapy and trauma: International perspectives* (pp. 153- 174). London and Philadelphia: Jessica Kingsley Publishers.
- Lindvang, C. (2010). A field of resonant learning. Self-experiential training and the development of music therapeutic competencies. A mixed methods investigation of music therapy students' experiences and professional's evaluation of their own competencies. (Unpublished Doctoral Dissertation). Aalborg University. Aalborg, Denmark.
- Maier, S. (2011). Assessing school climate using a sequential transformative design.

Dissertation Abstracts International, 71, 3117.

Magán, I., Sanz, J., & García-Vera, M.P. (2008). Psychometric properties of a Spanish version of the Beck Anxiety Inventory (BAI) in general population. *The Spanish Journal of Psychology*, 11, 626-640.

Maguire, P. (1987). *Doing participatory research: A feminist approach*. Center for International Education, School of Education, University of Massachusetts.

Malmed, R. (n. d.). Cancion Mixteca. Retrieved from: <http://www.timsparks.com/articles/mexico.html>

McCauley L., Beltran M., Phillips J., Lasarev M., & Sticker D. (2001). The Oregon migrant farmworker community: an evolving model for participatory research. *Environmental Health Perspectives*, 109(Supplement 3), 449-456.

McLaughlin, J., Rodriguez, M., & Madden, C. (2008, Spring). University and community collaborations in migrant ESL. *New Directions for Adult and Continuing Education*, 117.

McFerran, K., & Hunt, M. (2008). Learning from experiences in action: Music in schools to promote health coping with grief and loss. *Educational Action Research*, 16, 43-54.

McFerran, K., Roberts, M., & O'Grady, L. (2010). Music therapy with bereaved teenagers: A mixed methods perspective. *Death Studies*, 34, 541-565.

McNamara, K. H. (2010). Fostering sustainability in higher education: A mixed-methods study of transformative leadership and change strategies. *Environmental Practice*, 12, 48-58.

McPherson, K. & Britton, A. (2001). Preferences and understand their effects on health. *Quality in Health Care*, 10, 61-66.

Magaña, C. G., & Hovey, J. D. (2003). Psychosocial stressors associated with mexican

- migrant farmworkers in the Midwest United States. *Journal of Immigrant Health*, 5, 75-86.
- Mines, R., Mullenax, N., & Saca, L. (2001). The binational farmworker health survey: An in-depth study of agricultural worker health in Mexico and the United States. California Institute for Rural Studies. Davis, CA: The California Endowment.
- Miranda, J. (1996). Introduction to the special section on recruiting and retaining minorities in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 64, 848-850.
- Miranda, J., Azocar, F., Organista, K. C., Munoz, R. F., & Lieberman, A. (1996). Recruiting and retaining low-income Latinos in psychotherapy research. *Journal of Counseling and Clinical Psychology*, 64, 868-874.
- Mize, R. L. (2006). Mexican contract workers and the U. S. capitalist agricultural labor process: The formative era, 1942-1964. *Rural Sociology*, 71, 85-108.
- Nastasi, B. K., Hitchcock, J. H., Varjas, K., Jayasena, A., Sarkar, S. Moore, R. B. Albrecht, L. (2010). School-based stress and coping program for adolescents in Sri Lanka: Using mixed methods to facilitate culture-specific programming. In K. M.T. Collins, A. J. Onwuegbuzie, & Q. G. Jiao (Eds.) *Toward a broader understanding of stress and coping: Mixed methods approaches*. (pp. 305-342) Greenwich, CT: Information Age Publishing.
- Nicol, J. J. (1998). Valuing the practice of music therapy: Possibilities with action research. *Canadian Journal of Music Therapy*, 6, 52-62.
- North Carolina Farmworker Institute. (2007). *Farmworkers' vital contribution to North Carolina's economy*. North Carolina: Author.
- Novy, D. M., Stanley, M. A., Averill, P., & Daza, P. (2001). Psychometric comparability of

- English- and Spanish-language measures of anxiety and related affective symptoms. *Psychological Assessment*, 13, 347-355.
- Næss, T. & Ruud, E. (2007). Audible gestures: From clinical improvisation to community music therapy. *Nordic Journal of Music Therapy*, 16, 160-171.
- Organista, K. C., & Kubo, A. (2005). Pilot survey of HIV risk and contextual problems and issues in Mexican/Latino migrant day laborers. *Journal of Immigrant Health*, 7, 269-281.
- Orth, J., Doorschodt, L., Verburgt, J., & Drozdek, B. (2004). Sounds of trauma: An introduction to methodology in music therapy with traumatized refugees in clinical and outpatient settings. In J. P. Wilson & B. Drozdek (Eds.) *Broken spirits: The treatment of traumatized asylum seekers, refugees and torture victims* (pp. 443-480). New York: Brunner-Routledge
- Oscós-Sánchez, M., Lesser, J., & Kelly, P. (2008). Cultural competence: A critical facilitator of success in community-based participatory action research. *Issues in Mental Health Nursing*, 29, 197-200.
- Padilla, J. L., Acosta, B., Guevara, M., Gómez, J., González, A. (2006). Propiedades psicométricas de la versión española de la escala de autoeficacia general aplicada en México y España. [Psychometric properties of the Spanish version of The General Self-Efficacy Scale applied in Mexico and Spain]. *Revista Mexicana de Psicología*, 23, 245-252.
- Parra-Cardona, J. R., Bullock, L. A., Imig, D. R., Villarruel, F. A., & Gold, S. J. (2006). "Trabajando duro todos los días": Learning from the life experiences of Mexican-origin migrant families. *Family Relations*, 55, 361-375.
- Pavlicevic, M. (1999). Music therapy improvisation groups with adults: Towards de-stressing

- in South Africa. *South African Journal of Psychology*, 29, (online), 94-99
- Peréz, L. X., (2002). Transgressing the taboo: A Chicana's voice in the mariachi world. In N. E. Cantú & O. Nájera-Ramírez (Eds.), *Chicana traditions: Continuity and Change* (pp. 143-167). Chicago, IL: University of Illinois Press.
- Perilla, J. L., Wilson, A. H., Wold, J. L., & Spencer, L. (1998). Listening to migrant voices: Focus groups on health issues in South Georgia. *Journal of Community Health Nursing* 15, 251-263.
- Pollard, P. S. (1991). *Learning English as a second language: A field study of motivational factors in adult migrant farmworkers (DISSERTATION)*, St. Louis University.
- Procter, S. (2004). Playing politics: Community music therapy and the therapeutic redistribution of musical capital for mental health. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 214-230). London: Jessica Kingsley Publishers.
- Procter, S. (2002). Empowering and enabling-Music therapy in non-medical mental health provision. In C. Kenny & B. Stige (Eds.), *Contemporary Voices in Music Therapy: Communication, Culture, and Community* (pp. 95-107). Oslo, Norway: Unipub forlag.
- Radloff, L. S. (1977). Center for epidemiological studies-depression scale. Eagan, MN: West Publishing Company
- Rhodes, S. D., Hergenrather, K. C., Montano, J., Remnitz, I. M., Arceo, R., Bloom, F.R., Leichter, J. S., & Bowden, W. P. (2006). Using community-based participatory research to develop and intervention to reduce HIV and STD infections among Latino men. *AIDS Education and Prevention* 18, 375-389.
- Robb, S. L., Nichols, R. J., Ruta, R. L., Bishop, B. L., & Parker, J. C. (1995). The effects of music assisted relaxation on preoperative anxiety. *Journal of Music Therapy*, 32, 2-21.

- Robb, S. L. (2000). Music assisted progressive muscle relaxation, progressive muscle relaxation, music listening, and silence: A comparison of relaxation techniques. *Journal of Music Therapy*, 37, 2-21.
- Rolvjord, R., Gold, C., & Stige, B. (2005). Research rigour and therapeutic flexibility: Rationale for a therapy manual developed for a randomised controlled trial. *Nordic Journal of Music Therapy*, 14, 15-32.
- Ramirez-Valles, J., Fergus, S., Reisen, C. A., Poppen, P. J., & Zea, M. C. (2005). Confronting stigma: Community involvement and psychological well-being among HIV-positive Latino gay men. *Hispanic Journal of Behavioral Sciences*, 27, 101-119.
- Rubel, A., O'Neil, C., & Collado-Ardon, R. (1984). *Susto, A Folk Illness*. Berkley: University of California Press.
- Ruud, E. (2004). Foreward: Reclaiming music. In M. Pavlicevic and G. Ansdell (Eds.), *Community music therapy* (pp. 11-14). London: Jessica Kingsley Publishers.
- Ruud, E. (2010). *Music therapy: A perspective for the humanities*. Gilsum, NH: Barcelona.
- Schwantes, M., Wigram, T., McKinney, C., Lipscomb, A. & Richards, C. (In press). The Mexican *corrido* and its use in a music therapy bereavement group. *Australian Journal of Music Therapy*.
- Schwantes, M., & McKinney, C. (2010). Music therapy with Mexican migrant farmworkers: A pilot study. *Music Therapy Perspectives*, 28, 22-28.
- Schwantes, M. (2008). [Focus group interview]. Unpublished raw data.
- Sendelbach, S. E., Halm, M. A., Doran, K. A., Miller, E.H., & Gaillard, P. (2006). Effects of music therapy of physiological and psychological outcomes for patients undergoing cardiac surgery. *Journal of Cardiovascular Nursing* 2, 194-201.
- Shapiro, N. (2005). Sounds in the world: Multicultural influences in music therapy in clinical

- practice and training. *Music Therapy Perspectives*, 23, 29-35.
- Sheehy, D. (2006). *Mariachi music in America: Experiencing music, expressing culture*. New York: Oxford University Press.
- Sheehy, D. (1998). Mexico. In D. A. Olsen & D. E. Sheehy (Eds.), *South America, Mexico, Central America, and the Caribbean* (p. 600-625). New York: Garland Publishing.
- Short, A. & Ahern, N. (2009). Evaluation of a systematic development process: Relaxing music for the emergency department. *Australian Journal of Music Therapy*, 20, 3-26.
- Siedliecki, S. L. & Good, M. (2006). Effect of music on power, pain, depression and disability. *Issues and Innovations in Nursing Practice*, 553-562.
- Simoni, J. M., & Pérez., L. (1995). Latinos and mutual support groups: A case for considering culture. *American Journal of Orthopsychiatry*, 65, 440-445.
- Small, C. (1998). *Musicking: The meanings of performing and listening*. Middletown, CT: Wesleyan University Press.
- Smith, J. G. (2007). Creating a "Circle of Song" within Canada's poorest postal code. *Canadian Journal of Music Therapy*, 13, 103-114.
- Smith, M. (2008). The effects of a single music relaxation session on state anxiety levels of adults in a workplace environment. *Australian Journal of Music Therapy*, 20, 45-66.
- Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona.
- Stige, B. (2005). Participatory action research. In B. Wheeler (Ed.). *Music Therapy Research* (2nd edition). pp. 404-415. Gilsum, NH: Barcelona.
- Stige, B. (2006). On a notion of participation in music therapy. *Nordic Journal of Music Therapy*, 15, 121-138.
- Stige, B. Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). When things take

- shape in relation to music: Towards an ecological perspective on music's help. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds). (pp. 278-308). *Where music helps: Community music therapy in action and reflection*. Burlington, VT: Ashgate.
- Stokes, M. Ethnicity, Identity and Music: The Musical Construction of Place, Berg, Oxford, 1994 (2nd edition 1997).
- Stringer, E. (1999). *Action research: A handbook for practitioners (2nd ed.)*. Thousand Oaks, CA: Sage Publications.
- Tandon, R. (1988). Social transformation and participatory research. *Convergence: An International Journal of Adult Education*, 21, 5-18.
- Taylor, L. E., Taylor-Henley, S., & Doan, L. (2005). Older immigrants: Language competencies and mental health. *Canadian Journal of Community Mental Health*, 24, 23-34.
- Teague, A. K., Hahna, N. D., & McKinney, C. H. (2006). Group music therapy with women who have experienced intimate partner violence. *Music Therapy Perspectives*, 24, 80-86.
- Torres, E. & Ingram, M. (2009). Con el favor de Dios: The role of promotoras/community lay health workers as spiritual helpers in supporting diabetes self-management among Mexican Americans. *Counseling and Spirituality*, 28, 109-127.
- Torres, L., & Rollock, D. (2007). Acculturation and depression among Hispanics: The moderating effect of intercultural competence. *Cultural Diversity and Ethnic Minority Psychology*, 13, 10-17.
- Townsend, E., Birch, D. E., Langley, J., & Langille, L. (2000). Participatory research in a mental health clubhouse. *The Occupational Therapy Journal of Research*, 20, 18-44.
- Travers, K. D. (1997). Reducing inequities through participatory research and community

- empowerment. *Health Education and Behavior*, 344-356.
- Villarejo, D. (2003). The health of U.S. hired farm workers. *Annual Review of Public Health*, 24, 175-193.
- Ward, L. S. (2007). Preliminary tests of an ecological model on Hispanic farmworker health. *Public Health Nursing*, 24, 554-564.
- Weller, S., Baer, R. D., Garcia de Alba, J., & Salcedo Rocha, A. (2008). *Susto and nervios* : Expressions for stress and depression. *Culture, Medicine and Psychiatry*, 32, 406-20.
- Yancey, A. K., Ortega, A. N., & Kumanyika, S. K. (2006). Effective recruitment and retention of minority research participants. *Annual Review of Public Health*, 27, 1-28.
- Zharinova-Sanderson, O. (2004). Promoting integration and socio-cultural change: Community music therapy with traumatized refugees in Berlin. In M. Pavlicevic & G. Andsell (Eds.), *Community music therapy* (pp. 358-387). London: Jessica Kingsley Publishers.

Appendix A: Phase I Consent Forms

Department of Family & Community Medicine

Protecting Farmworker Mental Health: A Pilot Intervention Study

Informed Consent form to Participate in Research (Control)

Joseph G. Grzywacz, PhD, Principal Investigator

Melody Schwantes, MMT, MT-BC, Co-Principal Investigator

Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you work in agriculture. Your participation is voluntary. Please ask the study staff to explain any words or information that you do not understand. Take your time to make your decision.

Why Is This Study Being Done?

The purpose of this research study is to explore whether simple group activities are helpful for protecting the mental health of Latino farmworkers.

How Many People Will Take Part in the Study?

Up to 100 people from 12 different farmworker camps across North Carolina will take part in this study.

What Is Involved in the Study?

As a participant in this study, you will be interviewed 3 times by a member of the study staff. Interviews will be about 3-6 weeks apart. At each interview, study staff will ask you some questions about your background and how you have been feeling recently. The first will take about 20 minutes and the other two will take about 15 minutes.

In between interviews, you are being asked to participate in educational activities to help you cope with stress, supported by the staff involved in this study. Volunteers in your camp will receive free CDs of Latino music as well as some papers describing different ways to manage your stress.

These activities will be held at the volunteers' living quarters at an agreed upon time.

How Long Will I Be in the Study?

Your participation in this study will last about 10 weeks. You can stop participating at any time.

What Are the Risks of the Study?

The risk of harm or discomfort that may happen as a result of taking part in this research study is not expected to be more than in daily life or from routine educational tests. You should discuss the risk of being in this study with the study staff.

Taking part in this research study may involve providing information that you consider confidential or private. We will keep your information safe by using numbers instead of your name. We will also keep your records locked and secure and will only allow authorized people to see the records.

Are There Benefits to Taking Part in the Study?

If you agree to take part in this study, there may or may not be direct benefit to you. You may learn ways to better manage your stress. We also hope the information learned from this study will benefit other people in the future.

What Other Choices Are There?

Your alternative is to not participate in this study.

What Are the Costs?

There are no costs to you, other than your time, for participating in this study.

Will You Be Paid for Participating?

You will receive no financial or material payment for participating in this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator, Joseph G. Grzywacz at 336-716-2237 or Melody Schwantes (828) 773-1446.

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, you should contact the Chairman of the Wake Forest University School of Medicine IRB at (336) 716-4542, or the Chairman of the Appalachian State University IRB at (828) 262-2692.

You will be given a signed copy of this consent form.

SIGNATURES

I agree to take part in this study. I have had a chance to ask questions about being in this study and have those questions answered. By signing this consent and authorization form, I am not releasing or agreeing to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Participant Name (Printed)

Participant Signature

Date

Person Obtaining Consent

Date

Department of Family & Community Medicine

Protecting Farmworker Mental Health: A Pilot Intervention Study

Informed Consent form to Participate in Research (Music Therapy)

Joseph G. Grzywacz, PhD, Principal Investigator

Melody Schwantes, MMT, MT-BC, Co-Principal Investigator

Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you work in agriculture. Your participation is voluntary. Please ask the study staff to explain any words or information that you do not understand. Take your time to make your decision.

Why Is This Study Being Done?

The purpose of this research study is to explore whether simple group activities are helpful for protecting the mental health of Latino farmworkers.

How Many People Will Take Part in the Study?

Up to 100 people from 12 different farmworker camps across North Carolina will take part in this study.

What Is Involved in the Study?

As a participant in this study, you will be interviewed 3 times by a member of the study staff. Interviews will be about 3-6 weeks apart. At each interview, study staff will ask you some questions about your background and how you have been feeling recently. The first will take about 20 minutes and the other two will take about 15 minutes.

In between interviews, you are being asked to participate in educational activities to help you cope with stress, supported by the staff involved in this study. Volunteers in your camp will participate in six music classes. The music classes will last approximately 1 ½ hours per week and will include singing, playing instruments, and talking about popular music from Mexico.

These activities will be held at the volunteers' living quarters at an agreed upon time.

How Long Will I Be in the Study?

Your participation in this study will last about 10 weeks. You can stop participating at any time.

What Are the Risks of the Study?

The risk of harm or discomfort that may happen as a result of taking part in this research study is not expected to be more than in daily life or from routine educational tests. You should discuss the risk of being in this study with the study staff.

Taking part in this research study may involve providing information that you consider confidential or private. We will keep your information safe by using numbers instead of your name. We will also keep your records locked and secure and will only allow authorized people to see the records.

Are There Benefits to Taking Part in the Study?

If you agree to take part in this study, there may or may not be direct benefit to you. You may learn ways to better manage your stress. We also hope the information learned from this study will benefit other people in the future.

What Other Choices Are There?

Your alternative is to not participate in this study.

What Are the Costs?

There are no costs to you, other than your time, for participating in this study.

Will You Be Paid for Participating?

You will receive no financial or material payment for participating in this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator, Joseph G. Grzywacz at 336-716-2237 or Melody Schwantes (828) 773-1446.

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, you should contact the Chairman of the Wake Forest University School of Medicine IRB at (336) 716-4542, or the Chairman of the Appalachian State University IRB at (828) 262-2692.

You will be given a signed copy of this consent form.

SIGNATURES

I agree to take part in this study. I have had a chance to ask questions about being in this study and have those questions answered. By signing this consent and authorization form, I am not releasing or agreeing to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Participant Name (Printed)

Participant Signature

Date

Person Obtaining Consent

Date

Department of Family & Community Medicine

Protecting Farmworker Mental Health: A Pilot Intervention Study

Informed Consent form to Participate in Research (ESL)

Joseph G. Grzywacz, PhD, Principal Investigator

Melody Schwantes, MMT, MT-BC, Co-Principal Investigator

Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you work in agriculture. Your participation is voluntary. Please ask the study staff to explain any words or information that you do not understand. Take your time to make your decision.

Why Is This Study Being Done?

The purpose of this research study is to explore whether simple group activities are helpful for protecting the mental health of Latino farmworkers.

How Many People Will Take Part in the Study?

Up to 100 people from 12 different farmworker camps across North Carolina will take part in this study.

What Is Involved in the Study?

As a participant in this study, you will be interviewed 3 times by a member of the study staff. Interviews will be about 3-6 weeks apart. At each interview, study staff will ask you some questions about your background and how you have been feeling recently. The first will take about 20 minutes and the other two will take about 15 minutes.

In between interviews, you are being asked to participate in educational activities to help you cope with stress, supported by the staff involved in this study. Volunteers in your camp will participate in six English as a Second Language (ESL) classes. The ESL classes will last approximately 1 ½ hour per week and will include basic English instruction.

These activities will be held at the volunteers' living quarters at an agreed upon time.

How Long Will I Be in the Study?

Your participation in this study will last about 10 weeks. You can stop participating at any time.

What Are the Risks of the Study?

The risk of harm or discomfort that may happen as a result of taking part in this research study is not expected to be more than in daily life or from routine educational tests. You should discuss the risk of being in this study with the study staff.

Taking part in this research study may involve providing information that you consider confidential or private. We will keep your information safe by using numbers instead of your name. We will also keep your records locked and secure and will only allow authorized people to see the records.

Are There Benefits to Taking Part in the Study?

If you agree to take part in this study, there may or may not be direct benefit to you. You may learn ways to better manage your stress. We also hope the information learned from this study will benefit other people in the future.

What Other Choices Are There?

Your alternative is to not participate in this study.

What Are the Costs?

There are no costs to you, other than your time, for participating in this study.

Will You Be Paid for Participating?

You will receive no financial or material payment for participating in this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator, Joseph G. Grzywacz at 336-716-2237 or Melody Schwantes (828) 773-1446.

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, you should contact the Chairman of the Wake Forest University School of Medicine IRB at (336) 716-4542, or the Chairman of the Appalachian State University IRB at (828) 262-2692.

You will be given a signed copy of this consent form.

SIGNATURES

I agree to take part in this study. I have had a chance to ask questions about being in this study and have those questions answered. By signing this consent and authorization form, I am not releasing or agreeing to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Participant Name (Printed)

Participant Signature

Date

Person Obtaining Consent

Date

Appendix B: Phase I Questionnaire

Participant ID
____ _

Personal Information

I am going to read some questions about different areas of your life, your work and your health. This interview will take approximately 10-15 minutes.

1. How old are you?
 ____ ____ years
 888 ____ I don't know
 999 ____ no answer

2. Are you married?
 1 ____ I have never been married.
 2 ____ Married
 3 ____ Living as married
 4 ____ Separated or Divorced
 88 ____ I don't know
 99 ____ no answer

3. Where were you born?

4. How old were you when you came to the United States for the first time?
 ____ ____ years

5. What is the highest level of education you have received? Please include GED (Primary= 01 to 06; Secondary= 07 to 09; High School =10 to12; GED=grade 12; Graduated from university -16) [None = 00; IDK = 88; No answer = 99]
 ____ ____ Grade

6. How many years have you been working in agriculture in the US (including this year)?
 ____ ____ years

7. Do you have an H2A visa?

0 _____ No

1 _____ Yes

7 _____ Not Applicable

8 _____ I don't know

9 _____ No answer

8. Approximately how many hours a week do you work in agriculture?

____ hours/week

88 _____ I don't know

99 _____ No answer

Generalized Perceived Self Efficacy (GSS)

Now I am going to read you some statements and I want you to tell me how much each statement is true for you. Please respond to each item by saying the statement is “Not at all true” for you, “hardly true” for you, “moderately true” for you, or “exactly true” for you.

		Not At All	Hardly	Moderately	Exactly	DK	REF
1.	I can always manage to solve difficult problems if I try hard enough	1	2	3	4	88	99
2.	If someone opposes me, I can find the means and ways to get what I want	1	2	3	4	88	99
3.	It is easy for me to stick to my aims and accomplish my goals	1	2	3	4	88	99
4.	I am confident that I could deal efficiently with unexpected events	1	2	3	4	88	99
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations	1	2	3	4	88	99
6.	I can solve most problems if I invest the necessary effort	1	2	3	4	88	99
7.	I can remain calm when facing difficulties because I can rely on my coping abilities	1	2	3	4	88	99
8.	When I am confronted with a problem, I can usually find several solutions	1	2	3	4	88	99
9.	If I am in trouble, I can usually think of a solution	1	2	3	4	88	99
10.	I can usually handle whatever comes my way	1	2	3	4	88	99

Social Isolation

1. Now I want to read some statements about your experiences here. For each statement, please tell me if you strongly disagree, disagree, agree or strongly agree with that statement.		Strongly Disagree	Disagree	Agree	Strongly Agree	DK	REF
a.	Latinos have been very helpful to me since I arrived in North Carolina	1	2	3	4	88	99
b.	Americans have been very helpful to me since I arrived in North Carolina.	1	2	3	4	88	99
c.	Churches have been very helpful to me since I arrived in North Carolina.	1	2	3	4	88	99
d.	Government agencies (like the health department) have been very helpful to me since I arrived in North Carolina	1	2	3	4	88	99

2. The next set of questions is about how you feel in relation to others		Never	Sometimes	Most of the Time	Always	DK	REF
a.	How often do you feel lack of companionship? Would you say <u>yes</u> ?	1	2	3	4	88	99
b.	How often do you feel there is no one you can turn to? Would you say <u>yes</u> ?	1	2	3	4	88	99
c.	How often do you feel alone?	1	2	3	4	88	99
d.	How often do you feel left out?	1	2	3	4	88	99
e.	How often do you feel lonely for family and friends back home?	1	2	3	4	88	99

3. Do you feel <u>yes</u> ?		Definitely Yes	Somewhat Yes	Somewhat No	Definitely No	DK	REF
a.	...you can find companionship when you want it? Would you say <u>yes</u> ?	1	2	3	4	88	99
b.	...there are people who really understand you?	1	2	3	4	88	99
c.	... <u>there</u> are people you can turn to?	1	2	3	4	88	99

Beck Anxiety Inventory (BAI)

Now I am going to ask you some questions about your feelings and emotions. Again, there are no right or wrong answers to these questions. Just answer as best you can. I am going to read you some statements and I want you to tell me how much you have been bothered by each symptom during the past week, including today. Possible response options are Not at All, Mildly (it didn't bother me much), Moderately (it was very unpleasant but I could stand it), and Severely (I could barely stand it).

†

		Not At All	Mildly	Moderately	Severely	DK	REF
1.	Numbness or tingling.	1	2	3	4	88	99
2.	Feeling hot.	1	2	3	4	88	99
3.	Wobbliness in legs.	1	2	3	4	88	99
4.	Unable to relax.	1	2	3	4	88	99
5.	Fear of the worst happening.	1	2	3	4	88	99
6.	Dizzy or lightheaded.	1	2	3	4	88	99
7.	Heart pounding or racing.	1	2	3	4	88	99
8.	Unsteady.	1	2	3	4	88	99
9.	Terrified.	1	2	3	4	88	99
10.	Nervous.	1	2	3	4	88	99
11.	Feelings of choking.	1	2	3	4	88	99
12.	Hands trembling.	1	2	3	4	88	99
13.	Shaky.	1	2	3	4	88	99
14.	Fear of losing control.	1	2	3	4	88	99
15.	Difficulty breathing.	1	2	3	4	88	99
16.	Fear of dying.	1	2	3	4	88	99
17.	Scared.	1	2	3	4	88	99
18.	Indigestion or discomfort in abdomen.	1	2	3	4	88	99
19.	Faint.	1	2	3	4	88	99
20.	Face flushed.	1	2	3	4	88	99
21.	Sweating (not due to heat).	1	2	3	4	88	99

Perceived Stress Test (PST)

Now I am going to read you some questions about your emotions and thoughts during the last month. You should tell me how often you felt or thought in that way. Your answers can be: never, almost never, sometimes, frequently or very often.

In the last month, how often ...		Never	Almost Never	Sometimes	Frequently	Very Often	DK	REF
1.	... how often have you been angry about something that happened unexpectedly	0	1	2	3	4	88	99
2.	...did you feel that you were incapable of controlling the important things in your life	0	1	2	3	4	88	99
3.	...have you felt nervous and stressed	0	1	2	3	4	88	99
4.	... have you felt confident about your ability to handle your own problems	0	1	2	3	4	88	99
5.	... did you feel that things were happening the way you wanted them to?	0	1	2	3	4	88	99
6.	... did you feel that you could not handle all the things you were supposed to do?	0	1	2	3	4	88	99
7.	... have you been able to control problems in your life?	0	1	2	3	4	88	99
8.	... have you felt that you were on top of everything?	0	1	2	3	4	88	99
9.	... have you been angry about things that were out of your control?	0	1	2	3	4	88	99
10.	... have you felt that the problems were piling up so much that you could not beat them?	0	1	2	3	4	88	99

Migrant Farmworker Stress Inventory (MFWSI)

Below are a number of statements that migrant farmworkers have reported as stressful. For each statement that you have experienced, **circle only one** of the numbers according to how stressful you find the situation. IVWR: **If the statement does not apply, circle number 0: Have Not Experienced.**

	Have not experienced	Not at all stressful	Somewhat stressful	Moderately Stressful	Extremely stressful	REF
1. It is difficult to be away from family members	0	1	2	3	4	9
2. Because I feel isolated, I find it hard to meet people	0	1	2	3	4	9
3. I have been taken advantage of by my employer, supervisor, or landlord	0	1	2	3	4	9
4. I worry about not having a permit to work in this country	0	1	2	3	4	9
5. Sometimes I have difficulty finding a place to live	0	1	2	3	4	9
6. I worry about my relationship with my partner	0	1	2	3	4	9
7. I find it difficult to talk about my feelings to other people	0	1	2	3	4	9
8. There is not enough water to drink when I am working	0	1	2	3	4	9
9. My life has become more difficult because my partner is no longer with me (because he or she has moved or has died)	0	1	2	3	4	9
10. It is difficult to be away from friends	0	1	2	3	4	9
11. I have experienced discrimination in this country	0	1	2	3	4	9
12. Sometimes I have difficulty finding a job	0	1	2	3	4	9
13. I worry about being deported	0	1	2	3	4	9
14. Migrating to this country was difficult	0	1	2	3	4	9
15. I worry about who my children are spending time with	0	1	2	3	4	9
16. I do not get enough credit from other family members for the work I do	0	1	2	3	4	9
17. I worry about my children's education	0	1	2	3	4	9

Center for Epidemiologic Studies, Depression Inventory (CES-D)

Now these questions are about how you have felt over the last week. You should answer each with one of these statements that describe ways you might have felt or behaved. There is no right or wrong answer.

READ: During the past week...	Rarely or None of the Time (Less than 1 day)	Some or a little of the time (1- 2 days)	Occasionally or a Moderate Amount of Time (3-4 days)	Most or All of the Time (5-7 days)	DK	REF
1. I felt depressed	1	2	3	4	8	9
2. I felt that everything I did was an effort	1	2	3	4	8	9
3. My sleep was restless	1	2	3	4	8	9
4. I was happy	1	2	3	4	8	9
5. I felt lonely	1	2	3	4	8	9
6. People were unfriendly	1	2	3	4	8	9
7. I enjoyed life	1	2	3	4	8	9
8. I felt sad	1	2	3	4	8	9
9. I felt that people dislike me	1	2	3	4	8	9
10. I could not get "going"	1	2	3	4	8	9

Alcohol Use & Dependence

The last set of questions are about your use of alcohol, including how often and how much you drink.

1. Have you ever had an alcoholic drink?

0 _____ No [END OF INTERVIEW]
1 _____ Yes [GO TO 2]
8 _____ DK [END OF INTERVIEW]
9 _____ REF [END OF INTERVIEW]

Think of all the times in the past 2 months when you have drank alcohol (for example, beer, wine, tequila or other alcoholic beverage)

2. How often did you drink beer?

1 _____ Everyday or nearly every day
2 _____ 3 – 4 times a week
3 _____ 1 – 2 times a week
4 _____ 2 – 3 times a month
5 _____ About once a month
6 _____ Less than once a month
7 _____ Did not drink beer in the last 2 months
8 _____ DK
9 _____ REF

3. How often did you drink wine?

1 _____ Everyday or nearly every day
2 _____ 3 – 4 times a week
3 _____ 1 – 2 times a week
4 _____ 2 – 3 times a month
5 _____ About once a month
6 _____ Less than once a month
7 _____ Did not drink beer in the last 2 months
8 _____ DK
9 _____ REF

4. How often did you drink liquor – things like tequila, whisky, or rum?

- 1 _____ Everyday or nearly every day
- 2 _____ 3 – 4 times a week
- 3 _____ 1 – 2 times a week
- 4 _____ 2 – 3 times a month
- 5 _____ About once a month
- 6 _____ Less than once a month
- 7 _____ Did not drink beer in the last 2 months
- 8 _____ DK
- 9 _____ REF

5. On a day when you drink alcohol, how many drinks do you typically have?

- 1 _____ 12 or more drinks
- 2 _____ 9 to 11 drinks
- 3 _____ 6 to 8 drinks
- 4 _____ 5 drinks
- 5 _____ 4 drinks
- 6 _____ 3 drinks
- 7 _____ 2 drinks
- 8 _____ 1 drink
- 9 _____ Less than 1 drink
- 10 _____ I did not drink at all during the last 2 months SKIP TO F07
- 88 _____ DK
- 99 _____ REF

6. In the last 2 months, how often did you have 5 or more drinks of beer, wine or liquor on a single drinking occasion?

- 1 _____ Every day or nearly every day
- 2 _____ 3 – 4 times a week
- 3 _____ 1 – 2 times a week
- 4 _____ 2 – 3 times a month
- 5 _____ About once a month
- 6 _____ Did not drink 5 drinks on a single occasion in the past two months
- 88 _____ DK
- 99 _____ REF

Now, these four questions are related to your use of alcohol. Please answer "yes" or "no" to each question.	No	Yes	DK	REF
F07. Have you ever had the impression that you should drink less?	0	1	8	9
F08. Have you ever been bothered by people's criticism about your drinking habits?	0	1	8	9
F09. Have you ever felt bad or guilty for your drinking habits?	0	1	8	9
F10. At least once, the first thing you have done in the morning has been to drink in order to calm you down or to get rid of a hangover?	0	1	8	9

Appendix C: Stress Education Handout: Spanish Language Version

CONSEJOS PARA REDUCIR LA TENSION



La tensión puede hacerlo sentir nervioso, triste o deprimido. Puede estar muy preocupado por su familia, el trabajo y problemas de dinero. Vivir con esta lucha cada día puede dejarlo cansado, nervioso y pensando que su situación no tiene remedio.



Puede reducir la tensión haciendo lo siguiente:



1. Tome varios respiros profundos. Esto hace que respire más lento y que sus músculos se relajen.



2. Haga ejercicio. Váyase a caminar en el día.

3. Piense positivamente. Recuerde las cosas buenas que hay en su vida.




4. Cuento hasta diez. Esto hace que se detenga y se relaje antes de reaccionar ante la situación que le causa tensión.




CONSEJOS PARA REDUCIR LA TENSION


5. Estírese bien. El estirarse hace que los músculos se relajen y se sienta menos tenso.




6. Dé masaje a los músculos tensos. Los músculos que están atrás del cuello y arriba de la espalda normalmente se vuelven tensos cuando usted está tenso. Un masaje los ayudará a relajarse.




7. Báñese o tome un baño de tina calientes. Esto ayuda a relajar sus músculos.




8. Escuche una buena música. La música también lo ayuda a relajarse.



9. Hable con su familia y amigos acerca de sus sentimientos. Es importante que ellos sepan cómo se siente para que lo puedan ayudar.



10. Pida ayuda cuando lo necesite. Si usted no duerme bien, tiene dolores de cabeza o dolor de cuello o espalda, debe ir a una clínica.



Patient Education Materials 511.2

Figure 12. Spanish Language Stress Education Handout

Appendix D: Phase I Music Therapy Focus Group Interview Transcription

(Laughter)

Charles: Well, Melodia told me that you guys did a long survey last time. She told me that she wanted to know more about your opinions and ideas. Um. Melodia wants you guys to feel free respond honestly to the questions. That's why she told me to ask the questions. So that you guys won't feel strange for saying whatever you'd like. Your ideas and your opinions are very important to Melodia, this project is also important for her. And it's very important for her that you respond honestly so she can make necessary changes to the program in the future. Um, I think the interview is going to last for 45 minutes to one hour. If one of you needs to leave in the middle of the interview there's no problem. Ok.

The first question is: When you started the program, what did you think it would be like? What did you think about it?

1: Well, good, good. Normal.

3: Yes, normal.

C: Like, is there...the, the experience

2: It was interesting for us, in my opinion for all of us.

C: Interesting. Aha.

2: It was something very interesting.

C: Was it like you expected, or were there? ...Like, What had you anticipated before you started the program? Did you know what it was or?

3: Well yes we did know, but we didn't know that it was going to be somewhat hard.

2: Somewhat difficult because of practicing and that sort of thing. It's obvious that we thought that it would be easier. But no, it's not easy, but it's not hard either.

C: Aha.

2: Well, in any case, um, it's good but, but you know...

C: Yes, before one starts playing guitar they don't know if it's going to be difficult or not. Then when one starts they know that it is.

2: Yes, yes.

C: Um, does anyone have something to say about that?

3: No.

C: ¿How did you anticipate that it would be? Um. Before you started your lessons how did you use music? How...do you understand? How did you use music? How did you use it?

1 and 3: Like a hobby or a distraction.

A: Hey Charles I can...just if you want me to take notes.

C: Ok.

A: It's up to you though. I am, I'm actually hearing ok.

C: You? (indicating others).

3: Yes something to relax by. Yes something to relax. Yes.

C: You? The same?

1: Um hmm.

C: How will you use music from now on? Like, do you see it differently?, are you going to use it in a different way now that you know how to play a little bit?

(Laughter)

2: More, it's better. How should I say it? More, you feel more...more depth in the music. You're more sensible when it comes to music. Because when you're there playing the guitar...one...one that didn't know...We don't know how to play well, so we are motivated to know.

C: It's a different experience when you're playing the guitar, isn't it?

2: It's different, when you're deeper...You can focus.

C: You? (indicating others)

3: Well I think we're going to have a little more respect for people who play guitar. It really is something that's hard.

1: It looks easy but it has its secrets.

C: Aha, yeah.

1: It's very important that those people know how to use it well and have respect...

C: Yes. Um, well, the third. Were there particular songs that you liked? Or that had special meaning?

1: No. Well, in fact those songs that Melody brought were pretty.

2: Yes, the Muelles de San Blas one because it is...written in a town in our state.

C: From Durango?

2: No, from Nayarit. In one of our towns, in a Nayarit town. Near to where we live.

C: Ok.

2: We practiced that one the most.

C: Other songs that you liked?

3: Yeah that one, the Muelles San Blas one, the Mariposas traicioneras one, the Vivir sin aire one. They're something...

2: The Tigres del Norte one.

3: They're very nice.

C: Los tigres?

2: Um hmm.

C: Yes, great!

2: Yeah.

C: How many songs did you learn? Around how many?

1: Well.

2: Two, or so.

3: Like four, well...

2: The thing is, we do have them, but we need...since we don't have the cds. What's the song? (asking himself) We need to hear it before starting.

C: I understand now, sometimes...

Schwantes

2: The one we do practice, more or less, is the one that she brought the cd's for and she told us to practice.

3: To give us the tone.

2: Yeah, the tone, she gave us the tone. It's more difficult for one to really get the song with just the sheet, as opposed to seeing the song and her teaching it to us.

C: Yes, also the rhythm.

3: Yeah, more than anything it's the rhythm.

2: Yeah, the rhythm.

C: Because it's hard to get.

1: It's harder for me because my fingers don't reach.

C: Yes, I think...If one works a lot with their fingers...

1: Part of it is that I can't make the changes because my fingers are too short.

(Laughter)

C: And initially it...

1: Hurts a lot.

C: Yeah, it hurts a little bit, huh?

2: It makes your fingers numb.

1: I can still feel it.

C: Um, were there songs that you wished Melodia would have used?

1: Well the ones she sang.

3: Well, really the ones she brought were according to our criteria. It was according to what we wanted.

C: Are there songs that you would especially like to learn?

2: Las mañanitas.

C: Las mañanitas?

2: I need to hear them. Because they start...do you know what las mañanitas means? Its like in all...birthdays...Like happy birthday, how?

C: Yes that would be useful.

C: Happy Birthday.

2: I know the lyrics but since I couldn't hear it and I don't know how many strokes nor how many...

Charles: Oh yes. Oh, which? Lucharé?

2: I will struggle. No, no. (The interviewee was commenting that he would struggle to learn the song)

C: Ah you will struggle, what is your relationship with the instructor Melodia? Or how do you relate to her?

2: Very good.

3: Very good.

2: Very kind and has a lot of patience with her students.

3: She makes things fun. The time we are with her goes by very fast because, um, at the same time she has fun with us, and we have fun with her because, we learn from her and she also learns from us with the Spanish and all that. It was a nice relationship we had with her.

2: Very good therapy.

3: Very good therapy, yes.

1: Numero One.

C: Number One.

1: Eh. (laughs). Allison y Melody are number one. They help us a lot.

C: ¡Great! Yes, it is...it helps to have people here.

1: They help us with...everything. Allison has been very good with us too; she has supported us a lot.

3: Chelly too, Chelly too.

1: Chelly

1: We met her first. She was the one who came to us first.

A: That was a long time ago.

1: Yes, a long time ago.

A: Yeah, that's nice.

1: She was the one that first made an impact with us, in this area. She came to take care of us, to help us, to bring medicine...

2: You can tell when people like to help. Not just because it's their job. You understand? That is, they do it with love or with motivation you could say.

C: Ah yes... With a good will.

2: Yeah, with good will. Because there are people that come just for their job and that's it.

C: Yeah, just to do it.

2: One feels the person, one can feel the difference.

A: That is very kind thank you.

C: Well, um. Even though Melodia didn't speak English very well did you feel that she was sincere and interested in you?

(all): Yes, yes.

A: Was there a problem with the Spanish at times?

(all): No, no.

3: No because by using signals, more than anything, that's how one does it.

1: There were things that she didn't know and she thought that... But one from moment to the next, we understood each other. And she would understand and we would too, like you.

3: More than anything... I don't know. At first for her... she said that we spoke very very fast. And we tried to speak slower so that she would understand us, and she did understand us very well. She did understand. We gave her signals.

C: Um, do you have specific examples of how, how you communicated? or was there a lack of communication? At any time?

Schwantes

(all): No, no.

3: Everything was good.

2: There was always good communication. She understands a lot. As far as I'm concerned, she speaks Spanish.

C: And there's a type of communication that is...it doesn't require speaking. Sometimes people feel comfortable with someone, don't you think? And you understand each other.

2: There was a lot of trust. She won our trust.

3: She won us over. (chuckles)

2: We miss her. Ha, we miss her.

3: We're going to cry. (chuckles)

2: Like they say back home, she's good people, she's cool.

C: Aha, yeah, sure. Do you think Melodia was cooperative in your relationship and accepting of your ideas?

1: Very much so.

C: Do you have an example?

2: Yes.

1: Yeah, for example she recorded cds for us.

2: Also, I made a song and she wrote the music for me. How can say it? She wrote the music and it took up her time because she said that it took her like twenty times, like she played the music twenty times, and I think it took her longer than that. She recorded the music.

1: It wouldn't come out right for her.

C: Oh, so she recorded a song.

2: She recorded a song.

3: Also, the patience she had with us to explain to us over and over again. Since, well we didn't understand. She repeated it so many times and she never...

1: Her friend that she brought last time, her name was Allison too?

Schwantes

A: Yes

1: Also very friendly.

A: Great.

1: Very friendly and very cooperative with us. A lot of patience, very nice girl as well.

C: Um, good. Did the musical activities include your own ideas? And were they beneficial? Like...

2: Yes, they are beneficial. Personally yes, in my opinion it was for all of us.

C: And yes. Melody tried to include...include your ideas in the music as well? In the activities?

(all): Yes, yes.

3: For example, if we had to learn a rhythm, a tone, she told us how to do it, how to learn it so that it would be easier. No, don't always downstroke. No she would say, do an alternate stroke to go faster. It sounds better. Yes, I think so.

1: I was the worst musician and she said that I was the one that was learning fastest. I didn't think so. Learning that fast motivated me, but I didn't think so. But it did motivate me, didn't it?

C: Yes, well teachers are supportive aren't they? So that their students will improve.

1: Yes, it's just impossible in my case. I'm older than they are, they're young. They can make the switches. Plus they have large hands. Plus, since my nails get stick and my fingers don't...

C: Oh yeah, sometimes...

A: Your hands are bigger.

1: Yes they are.

A: That's his father, that's his son.

C: Yeah.

1: Yes, I, well my hands are getting smaller. They just keep getting smaller.

C: Yeah some of the, chords?

Schwantes

3: The finger tips?

C: The chords?

2: Chords...

1: Ah the chords.

C: They're hard to learn.

1: There's two chord changes I can't make. My fingers don't reach. I work for it, but I can't do it. Yeah, I know the steps, but I can't do it. .

C: Yeah.

1: And I say to myself, I'm not going to be any good at the guitar.

C No, I think you can learn, with practice. Um do you have examples of how your ideas were included? In the activities? Or how she was inclusive?

2: Yes, yes the ideas were...we asked for songs based on our own taste. She brought songs accordingly.

1: She would tell us every so often...lets practice.

2: She would tell us what type of music and everything.

C: Yeah.

3: She would bring us the music, the type of, like; how to play the chords or how to play the tones. Also, she would bring us cds so we would know how to play the tone, the rhythm. So that we would get the idea and then we'd practice.

C: Yeah, all that helps, doesn't it? The cd is...the sheet music helps.

1: Yes, exactly. No well, actually the day they brought the music books I saw the lines and I said, "No." I would turn them around, I would put them like this. No, I would say no, like that.

3: She brought books with little diagrams of the music, saying which was which. And it was much easier because you could learn.

1: I spent a whole week looking at the books and I never understood. Until the next week when she explained it all. And Allison was here and she would arrange the book and she would put it on top of a trash can and made me look at it again and she was there until she made me understand.

Schwantes

Charles: Ah.

1: But it's hard not to know.

C: Mhm, sure well it's like learning a new language, playing guitar is, or even harder.

1: Yes.

2: The language of music.

C: Um. Did the music groups include all of you? Like... Did you all feel included in the groups?

1: Yes.

C: Yes? Do you have examples? She always worked with you? Equally?

1: Sometimes someone else would come around... and she would say Hey do you want to play? The guitar? No? Why not? Come on! Grab a guitar.

C: She did?

1: She would say that, she would motivate them.

C: Are there specific examples of times when she tried to include all of you?

3: Of what, pardon? Examples of what?

C: Of when she tried to include all of you in the group.

1: Well.

3: Well when she would have us all practice a song... That type of example, or?

2: There were people that weren't in our group but they lived in this house. And they would come and see us and she would invite them, she would help them.

C: She did that too.

2: Yes, she did that too.

C: Ah ok. But...

2: And the help too, it would be late and she wouldn't care about the time. It would seem like it was only supposed to last an hour and she would stay with us anyways, helping us.

Schwantes

C: Great.

1: It would be raining and she would still be here.

C: Awesome!

2: She was interested in us, she truly supported us. It's too bad it's over and it was only a few days, isn't it? If it hadn't been, we'd be good musicians. In a short time she gave us a good guide.

C: A foundation?

2: Yeah a foundation, a good foundation, a good seed to continue. The person that is motivated will learn. If we're not motivated we won't learn.

C: That's how it is with everything I think.

1: I think that what she did was...

2: She planted something very good, a good cementing, well a good cementing and...

1: When we get to Mexico we need to hang a guitar on our backs and wherever we stop to rest we need to practice there, to...

C: Yeah.

A: Do you still have guitars here?

(all): Yes.

1: Yes, Melody's are here, there are three guitars. And he bought an old one at a pawnshop.

C: Oh yeah? That's great!

1: She fixed it up, it didn't have three strings and she put them on. Melody. Melody put them on and she brought other strings for when they broke.

C: That's great.

A: Carlos, did she want you to do something with the guitars? Today or not?

C: She told me to tell you guys that when she comes again she'll get the guitars. She told me that to...tune...if you want.

2: ¿Afinar? (Tune)

C: If you want me to tune the guitars I can. Because I play a little bit.

1: Oh yeah? That's good.

C: Did you notice if one of you participated more than the others?

1: No well, we three were the only ones who participated. We all struggled together.

2: There was never competition, she never did that. That might make one feel bad...

2: She never made competition she always included us three together.

1: And the person that she thought was slowest, she would treat him best. She had very good initiative. Because I would look at the two of them, they learned well and they played well. When they would play the whole song I would stop, because I was interrupting them. I felt like I was interrupting them. And Melody would stop the music and would say, stop lets rest for a bit. In other words she would stop in order to let me...

C: To include all of you.

1: So we would start again. And all of the sudden I couldn't make the change, so I would stop because they were doing well. They were playing well. But I was the one who prevented them. So I would stop and Melody would stop all of us, to make us all feel good. But I felt that I was the one who least...In other words, I did catch on quick, I learned the steps but I was slower in changing at times and being able to hit the mark. I couldn't do it, no. And they could, they could. So at times I thought that it would be best if they did well and I watched. That way maybe I could watch them and do what they did and practice. And maybe that way I could get better. But so that I could, so that she could see some progress...because sometimes things stop for one person and I think that in this respect its better if just they practice. They can and I think they can do it well. And I think that I can but at my own pace. Maybe back at home, practicing or watching (that's José my son) watching him over there. I can grab another guitar and maybe...right? But they do have a future, more than anything. Because they're young, and I'm not, I'm past that.

C: And she always made sure that you participated equally?

All: Yes, yes.

1: She did that and I noticed that she never said, "You're no good" or "You're better" or "You're even better". She would say that we were the best group she had.

A: Yeah?

1: Yes, she would say that, well I mean...she would say "you're doing well."

Schwantes

A: You guys have a name, the Costeños. (Costeños means “from the coast”).

C: The Costeños?

2: The Costeños of Gold.

(Laughter)

1: She would say it's the group that is best...

2: The best group.

1: The best group, she would say. Not even the ones I have at the university learn that fast. She really had us going.

C: Well, sometimes it's nice to hear that, isn't it? When a teacher or an instructor says that you're good students.

1: It's elegant, in fact.

C: Did any of you practice more during the week?

1: Well him (indicating #2) he did put more into it than we did.

C: And why?

1: He, maybe was more motivated than us. Like, sometimes we would get home from work and instead of doing that we would do something else.

C: Raúl? What was it like having a woman as an instructor?

1: Good, very good, easy to work with, very comprehensive and a very, very good teacher.

C: Did it seem strange to you at all?

1: No, on the contrary. Well, in fact, we had never done that, had a class like that. So, to put it that way, if it had been a man... Well she is a woman. It seemed normal because, well, we'd never done something like that before.

2: And demand authority with more respect.

1: And we gave her more respect too, because she showed us respect. We had the maximum respect for her too.

2: And it was like we had a friend too.

1: Yeah, a friend.

3: Well I...it was easy because, because when you're close to school in the city , um, teachers (implying both male and female) share classes, so I thought it was normal.

1: Yeah, that's how it is.

C: Is there something else Melodía could have done to make the sessions better for you?

A: Or, it seems that you're content, but could it be even better?

C: Yeah, like, what could she do to improve?

1: Well, I think that, it wouldn't be...yeah it was good, it was. I think she gave it everything. As far as I'm concerned it was very good. I think she couldn't have done anything better than she already did...it was brilliant.

3: I don't know, like, dynamics you could say. Dynamics with the guitar. For example, telling us a letter, or something, and we would all play that chord or another. More than anything so that our minds start...

C: Exercises...

3: Yeah exercises more than anything for us too...um, for our fingers.

2: Or homework, for me it would be homework. Because to have the responsibility of doing the homework and the responsibility of practicing. Understand? Not homework everyday, but from now till this day you have homework that you have to do, like an evaluation. So that there will be more interest, and more responsibility from the students.

C: Like maybe a test or an exam, or more like homework?

2: More like homework. So that everyone could evaluate themselves.

C: Oh, okay.

A: I have a question. Raúl why did you practice more?

2: Because...

A: Santos explained but I want to know what you say.

2: It's that, having my own goal, of learning something, even if it was...no? A small amount, and well for her to come to teach us and I not learn anything, stay the same, you understand? To stay at the same level, not knowing anything, what would I have done it for? It requires a little bit of effort.*

(* Parts of this sentence don't make sense in English, and they didn't really make sense in Spanish either.)

3: More than anything, I think... Well like Melody said you don't have to study every day. Because you might get stressed. She said to practice for twenty minutes one or two days. That would be enough. So before she would come I would study twenty or thirty minutes and we would almost do the same thing. So, everyone has their own expectations, so, well...

2: She said five minutes daily.

3: She said twenty minutes.

2: Twenty?

3: And well, yeah. He... I could never play as fast as he could, I mean. He has the practice.

2: Another thing is that she told us to practice. You understand? It's, it's... Practice is always the teacher. For everything.

3: I didn't have the same practice, the same speed, but almost. I did it the same except not with the same speed. And well, I did what she said, twenty minutes. There would be a half an hour before she came, I would play that guitar for twenty minutes. And that worked well.

2: For me it's not like that because it's like when you go to study for an exam. Do you study the day before the test, even though you had a month to prepare, or even a year. You understand?

C: Yeah.

2: And it works better because... Well she recommended that we practice. But each person has their goal.

3: That's what I'm saying; everyone has their own way of thinking...

A: And learning.

3: And learning. Yes, of course. What you say is true. Like if it was an exam, then it would be something else, but...

2: Yes, that's what I'm saying. The thing is that there wasn't any pressure or anything, that's why...

3: Yeah, exactly there wasn't any pressure...

2: I would recommend the homework, but also maybe some people would quit because of the

responsibility. But where there's interest there's motivation.

A: But do you think that some people would get scared or nervous if there was homework? Or would there be more pressure?

3: I think that there will be, or would be, more pressure because sometimes the work is regular, like it is now, and we get out at a good time. Perhaps four-thirty, four, three. But sometimes the work gets out at five, five-thirty, and you come home in a rush sometimes, and you can't study. So I don't blame that because we really did have a chance, sometimes we would watch television and we wouldn't do it.

1: In fact, I come home from work a bit tired and I start preparing the food because that's my job. Since me and him are together.

3: And when did she come? Monday or Tuesday?

1: Mondays.

3: Mondays, right?

1: And for me, I really like it, it's like a...

3: And regularly here, there's a lot of work on Mondays. We work until five or six, or four-thirty, I would say. Because on Tuesday we go shopping for the week. So we need to leave at three-thirty or four to go to the bank for cash, and go buy the stuff. So we can't do anything, but...

1: Yeah, I mean, in fact... Like, him, (indicating # 3) he has time. I say clearly that one has to be sincere. He has time. He (indicating #2) may have less time than he does because he also prepares his own food. In my case I prepare my food and his and once that's done you go to take a shower, and you sit down to watch the tv a bit, and then you don't practice like you were told to. Sometimes you just don't have the motivation. But, in reality yes, I agree with him that it's better to practice before, I agree with that.

2: And give yourself time.

1: Give yourself time. If there is any, if there is any, focus on what I'm saying, *If* there is. Because if there isn't then it's impossible to do.

2: That's true you can't do it.

1: But if there is, than there's no reason to say, "I'm not going to do this or that". No, no, no.

2: Because it would get dark at nine, right? Then there was a lot of time, three hours.

1: I really do count my time, because daily, daily I come home and prepare my food and his. I

mean daily. So I tell him, "Son do this, study English, study something". Because he's studied at school before. If he wanted to learn English he could, because he has the preparation. But if he's not motivated, then he just not motivated. So I tell him, "Son I'll give you time because we've come to the United States to work, and I've been coming for a while, and I'm tired of all the...I've been coming for more than fifteen years!" So I have a daily routine. Prepare food, take a bath, wash the clothes, come home late, tired. Sometimes you don't even have the time to eat because there's no time. But I tell him, "You do have time son. Grab an English book, prepare, prepare because you are young and you need to do it."

A: Well, I think it's good to have other goals in life, or to have some activities for the mind, for someone to grow.

2: Some one told me to learn everything I can learn. Anything that there is to learn, I should learn it. Everything, everything, everything, everything. If I find a book on the ground, and it interests me and I read it, that's useful. Reading helps you to think. It forges the mind more.

3: It clears you up more than anything, well, you learn something new.

1: More than anything you need to be, feel a little more, practical or helpful. You need to have confidence in yourself. Be confident in yourself, in that you're going to do something. And sometimes, if you tell a person that they can't do something, and that person thinks they can, why not? I should do it.

2: You must prepare... There are goals and responsibilities, the teacher has a responsibility to us, and we have the same responsibility to her. We need to honor that. What did she come for? We learned something.

C: And did playing guitar help you with that, confidence in yourself? Like to have...

(all): Yes

2: It's like I was telling you, I would play a song and I would feel like Carlos Santana, I would feel it in my body. At first, I wouldn't even move my foot, but when I would get the rhythm (maybe others could hear it, maybe not, it sounded ugly) I could feel that rhythm. You understand?

C and A: Sure, yes.

2: And there was, there was like a...what would you call it? A trance between me and the music, you understand?

A: Yes, yes, yes, yes, yeah.

C: To get back to it, is there anything else you would like to mention so that she knows how to make the lessons better? Or what do you think about that? Because she's very interested in

this question. She wants to do this program again, and perhaps make it better.

3: Well more than anything, it be could if she had some exercises, wouldn't it? To exercise the fingers and the mind. And another thing, if we tell her that we want to practice a song, and then the next day change our minds... She can't be so flexible with us. And she needs to give us a song and tell us to finish that one. She was very flexible with us. If we said, "This song is nice." She would bring it for us.

1: She would bring us a song and say, "what song do you want to practice now?" And we would say, "This one". And I think I told her one day that we should just practice one until we got it down. Then we could jump to another one so we wouldn't just leave it unfinished.

3: We told her that it didn't matter if we were always with her until we finished the pieces of that song, but that we needed to finish it. Because finishing a song motivates you. If you practice one, day in and day out, then all the other ones will be easy because you already know the chords and the rhythm. And well for me it would be a bit more...

1: There's a start and a finish in every beginning.

C: Practice and finish a song before you go on to the next? When you know one well?

1: I really feel that I might let her down with this practicing thing. Because my time escapes me, I already have a lot to do. Sometimes I have time, and sometimes I don't. So maybe I won't be able to do it anymore, that's what it comes down to. So maybe I won't be able to do it because my time is very restricted.

C: Yeah but it is still important, because...

1: Yes, yes it is very important and I think that, more than anything, that I'm holding them back. There might be another person like them, who is young and dedicated. Maybe I shouldn't do it. Maybe if they just did it themselves, they would do better.

A and C: No

A: That wasn't the purpose, not of this interview either. It's just that, it is a benefit for those who keep going, in any case, if it interests you...

C: Well, the next question is similar. Do you think six lessons were enough?

3: Six lessons?

A and C: Do you need more or less, do you think?

1: That was enough for me because when she had us practice helped us learn it eventually.

2: It was a good focus because we learned something.

3: There were six but at the beginning, well we were kind of scared. We wanted the six lessons to go by quickly. But after the last one, it didn't seem like enough. Because we still needed something, like maybe two or three more lessons. To, to...I mean we needed a lot more lessons, because day after day we understood it better and better and we wanted more time with her.

2: To grow more.

3: But, well.

A: But how is that on your guys' time, because you're freer in the summer and spring, but not in the fall.

3: Yeah, because of the pine, because we're cutting the pines.

C: So you would've liked more?

3: I would have, yes. Because at the beginning I didn't, but afterwards I did.

C: And you Raúl?

2: I thought it was good. But I would've like more as well. But it was a very good guide. Now we know all the chords. She gave us songs. Because that's the, how can I say it? What he said about practice, or how should I say it? In other words, how to explain it? There were songs that she left us as exercises. And since we didn't have the music here, I think that if we would have had it we would have gotten them. But I thought it was good.

3: I think there were too few, because when she would give us a song we wouldn't be able to get the tone. We would say, "Can you tell us how it goes? Because we can't get it." Then she would come and explain to us how to do it, this or that many strokes, like this. I think that was what was missing because if we had learned how to get the tone ourselves it would've been a bit easier for both us and her.

C: What would be the ideal number of lessons, and how frequently? She also wants to know how well it works to do: once a week, every other week, or once a week for a month....How frequent should it be, ideally?

3: I think it would be once a week, they way I see it. Once a week would be good. But just changing the day would be the thing. It would be a matter of changing to a Friday or Saturday, because we work every other day.

A: Ok.

2: That's true Saturdays are better.

Schwantes

3: A Saturday or a Sunday because we don't have to worry about waking up early the next day to work.

2: Preparing food is what takes most of our time.

3: In fact we had told her Saturday, but she said she couldn't. We also told her Friday, but she couldn't. Well, she said, Monday or Tuesday.

1: She has to pick the day too.

3: So she told us Monday or Tuesday and we picked Monday because we have to wake up at eight on Tuesdays.

2: We all want to rest.

C: Of course, yeah.

A: She did it every week for six weeks, right?

(all): Yeah

A: Because what she's proposing here is, every week for a month, and then twice more every fifteen days.

2: Every week is good. Every week was good for me.

A: Seems like it, huh?

3: One day a week.

2: If it was any other way, we'd lose interest. Right?

3: The only thing I would change is the day. If it's possible, if not, just keep it the same.

A: Ah, yeah, ok.

2: It's like having a girlfriend, are you going to go see her every month as her boyfriend? No, right? And if you go to see her every week? Which one is better?

C: Yeah.

A: It seems like you could write a song about that.

2: And if you go to see her every day? What would that be like?

1: You would get on her nerves.

2: No, you wouldn't get on her nerves...am I right? Are you married? (indicating Allison)
Are you married? You wouldn't get annoyed right? If your boyfriend came to see you every day? Would he get on your nerves? No. Am I right?

A: Um yeah...No. What's the question? 'Enfadar' is... to get mad?

C: Would he get annoyed of you if he saw you everyday?

A: Oh with me? No. But I would with him.

C: That's a joke.

2: No but a person doesn't get annoyed.

C: No, no.

2: Here the problem would be that if we did it daily we would be tired, we get home tired sometimes. You understand?

3: You get more annoyed talking over the phone than just talking (in person)...

2: The exhaustion, I have to make something to eat and...

A: Yeah, Well once a week is...

2: It's good, it's good.

A: Maybe a bit more time.

2: Sometimes I wouldn't eat until late, but at least I was there. But I didn't care, because it was only one time. When you're elsewhere you have more time, we have little.

C: Yeah. The purpose of this study was to examine the effects of music therapy on: anxiety, depression, self-esteem, alcohol consumption, and stress. Do you think that the act of working together to learn to play a new instrument and to make music helps with these problems? Like, does playing together and making new music help with depression or self-esteem, or anxiety?

2: I would say yes, because you come out of it with the same mentality, you have the same thought. Another, another door is opened, isn't it? I don't think I have those problems. But I think it could help someone, someone who felt lonely, or...I don't know how to explain it.

C: Yeah, she wants to know. Because she also wants to work with people that have these problems and help them through...

2: Like this whole alcoholism problem...I think it would help someone.

A: And it's not only for people with huge problems, but also people who...everybody has their own stress, especially from being away from family.

3: Frustrated.

A: Yeah, frustrated, like, bored or whatever.

2: It's good, it's good to have something. Because sometimes I start to read or I always have something to do, you understand? And that helps me to, if I'm frustrated that takes me away from it. Walking, reading, writing...

A: The results of the surveys showed that there wasn't a change in levels of depression or anxiety before and after the music therapy. Do you have any idea why? Why or why not?

1: Well, personally in terms of feeling stressed it doesn't really happen to me at all. Because since I was young I became accustomed to being away from home. As a kid I worked away from home. I never worked in my village. I was always away. Once in Jalisco, another time over in Sinaloa, and other states. I would work with tractors. And in fact I was always away from my family. When he (indicating Jose) was in school I never attended any of his graduations, his and my older daughter's. I was always here and they would graduate, or get out of high school. I was never with them because I was here. And sometimes it would be like, "Dad you're not coming, or what?" "No, no I can't make it son, but here's a bit of money, do whatever you want with it." And I never felt...well, sometimes in those moments I was nostalgic about being away, but I got used to it. I got used to it. I missed all my wife's birthdays, my children's too. I was always away from home. I would always work on my birthday too. I never had any parties at my house, until last year. Was it last year when you guys threw me a birthday party? Last year...

3: Maybe there wasn't a difference. Well, for me having that therapy helped in the moment. The next day you would go to work relaxed, content. You remember, right? We were talking about that. But one is over here, and when you phone over there to Mexico, sometimes there are problems. Sometimes there are family problems, and you can't change that.

A: That's what I was thinking. It's not that it's not worth doing, because if it's good, it doesn't matter if it shows results or not. That's why she wanted to do the interviews so that she could learn more. But we understand that you have a separate life than what you do when we're with you, right?

3: Yeah, I mean, what you guys help us with is... to have a better, how can I say it? To have a good life here. I don't know how to say it.

1: You guys help us to learn, to learn other things we didn't know.

3: It's like Allison was saying, it's like we have two lives. We have our time here, but we live

over there. So you help us to live here the months that we're here. To be here to help us de-stress, help us mentally. You help us with medicine, with a lot of stuff. But you can't really help us if we have a problem in Mexico. That can hurt our self-esteem, or make us feel sad, this or that, a problem, the accident of a loved one, or whatever. I mean, the surveys were alright, but I mean its different being here rather than over there.

A: And another thing that happened (but I'm not sure if it affected you guys) was that van accident here. With some other pine-workers, I'm not sure if you heard about it. I don't know if that affected the results, those friends who died.

2: There's sadness, that's true. But no, how should I say this? I didn't know those guys, but it really is sad.

3: Yeah, it's sad, because I mean...

1: They're human beings.

3: Yeah

2: As far as I am concerned, that didn't affect the survey. I guess you evaluated each survey, huh? All of ours, right? I have this person I can trust in Mexico, I have someone that I trust in, a friend that helps me a lot. He has a lot of patience because he works with animals, and now I have patience because he taught it to me. Also, my wife has taught me how to be patient. So with all that, i've come prepared. I think that prepares me. It makes me more calm. I know that things...before, I lived a life of money, of wasting, of wanting money, spending, drinking. And I changed my life, I don't drink anymore. I'm calmer, more patient, I enjoy life moment by moment. I saw a change, and every breath I take I think to myself, "I'm going to enjoy it." You understand? Huh? No just living for its own sake. I don't really just want to live, just because. I want to respect others.

3: Maybe it's true what Allison just said, about those people that had an accident. That sort of thing makes people sad. Because we had a cousin die four months ago that was working here as well. And now this, and it's makes you think about why that person came over here. He had people to support back home. That person had children, lots of things. So you start thinking about that and you say, "Now people need to value, need to value what he did over here." That's how I see it. So i put myself in the other person's shoes, whether he's Hispanic or American. I mean, we're all human beings. We don't have the right to tell one person no, and the other yes. I see it the same way.

1: Yeah, it's sad that accidents happen to people. Even if you don't know them, it's still serious, you know? But in fact, there's a saying that says life goes on. You have to keep going forward and you have to take steps forward, no matter what. I have that strength. I know that because I was, I am alone now too. I was an orphan at a young age. And I got married young too, when I was fifteen. And my children are older now, this is my youngest son. I have a twenty-nine year old daughter, I have kids, a twenty-year old daughter. I have another twenty-six year old son, or twenty-seven. I made it by myself, like this guy was saying. And

really nothing fazes me and if something is tough I control it in my mind and I can release it.

A: So you've learned in life how to manage things.

1: Yeah

3: Yeah, more than anything.

1: Sometimes when the world is crushing down on me I put my mind to work, I count things, and I escape.

3: I mean, if you have a problem in Mexico, or here, you leave that problem here. If you go to work, you leave that problem here, and you go to work at ease. I mean, you don't have any reason to be in a bad mood towards someone, or bother people just for the sake of bothering them, or because you're in a bad mood yourself. Your problems stay right here.

1: No, I have...in any case I have a lot to say, right? But the times that I've been bitter, I've sweetened them myself. And I don't think it's made my life complex in any way. When I have to make my own, tragic decisions, I just have to do it, and I do.

A: Perhaps since you had the opportunity to participate in this, maybe it interests people like you...I don't know. Part of this project is learning to manage things better. I don't know. Do you think that the relationships in between you three have gotten better? I don't know. Is your group more sincere about the music, the same or?

3: Well like everything this has its difficulties, sometimes there are differences over little things but, in other words we try to keep a good relationship between all of us here. Because we're not just together for a week, or a month, we're together nine to ten months. So I try at least to have good communication with everyone. Like I said, there are problems. But I mean they are problems in passing...Sometimes there are problems that neither you nor that person have...there. Sometimes there's a third person involved. So sometimes you do these things without wanting to, but sometimes it's because of another person. Sometimes you end up badly with a person, but these are things that happen. I mean we try to get along the best we can because we're together nine months.

A: What you are saying is that music therapy is not necessary for improving relationships because you have to get along anyways? Because you live and work together?

1: Yes.

3: Yeah but it still helps us. It does help us because at least we're here working with Alli...I mean with Melody. Well if we start working and if me and my dad or Raul...Well when we're all playing here between the three of us, Melody tells us if we played something wrong, she has us practice again. It's like a...

1: A game, a normal discipline of ours...

2: A therapy.

1: A therapy.

3: Yes it's a therapy, I mean, it takes problems and tries to make them better. Well, in my opinion...it's all good. Sometimes there are things that don't matter. But we're not so extreme that we say that if we're together we won't talk. We all talk to each other, we have good communication. Yes.

A: Sorry Charles, I know I took it off track a little bit but that's all actually. I thought about those questions earlier and that's all I wanted to ask.

C: Yeah, Melody wanted to know about that so that's good. Um, so you guys think that it's just learning a new ability or does it really improve quality of life? Learning to play guitar, does it help?

1: Yes

3: Yes, it helps because right now when we're here it brings us together a little bit. It brings us together to be talking...And it really does work for me, I feel good.

C: And you Raul? Do you feel that it is just a new ability or does it improve something?

2: Yes it helps because it gives you an interest in something. Something you learn additionally. I would like to know a song to take back home to a girlfriend to play her a song, or, do you understand? My wife is what I mean.

C and A: Yes, of course.

2: Or be able to sing 'las mañanitas' to my mom. I would see it as...how should I say it? People would be surprised. They would be really surprised, you understand?

C: Yes, I always ...

A: So by the time you return you'll be able to play a little?

2: It's possible, I have a guitar in Mexico but there I probably have less of a chance. Here I have more of a chance, for me there is more chance here than there

A: That's great.

C: You can learn, you can learn by yourself too.

2: In any case there's time. If there are twenty minutes I can use those. I don't really watch television not in Mexico nor...

C: I always find that when I'm tired of the university or my job it always helps to play a little bit. And then I forget what I was thinking about before. You concentrate on what you're doing and in some way it's like you become part of the music when you're there. .

2: Yes, isn't that right?

C: Yes, that's how it is.

2: It's like it comes out of you. I'll tell you, at first I didn't feel the rhythm. But when I felt it (or when I thought I felt it, like a child would) the rhythm moved on its own in my foot. .

C: Yes, I understand well.

2: And another thing, if there's something I like in my mind I make myself do it the best I can. If I played baseball maybe I would be talking about baseball right now. You understand? Because if it's what I like, it wouldn't work for me not to be able to do it. Like learning literature to teach to children or something like that.

C: Sure. Do you feel...how do you feel about this too? Like, I don't know.

2: Or learning to do work in the field, having all the necessary tools, it's the same thing. To prepare myself, to prepare myself.

C: Yes, to be prepared.

3: Well I feel good as well because it was something new. I didn't think... Well I did think about picking up a guitar, but I never thought it'd be so complicated. Maybe at the beginning, afterwards with a bit of practice then yes... It was something very new, it was nice. It was very nice. The little bit that I practiced did help me. Day by day I tried to do it so it would go faster so that it would become second nature to me. We still need practice, but it was good.

C: Yes.

2: In therapy you forget about everything.

C: Yes, sure. Yes, it's good for that.

3: Yeah the hour and half to two hours that we're with Melody goes by really fast. It's very fast, when we take a break there's only ten or fifteen minutes before the time runs out.

2: Sometimes she stayed over time.

3: We wouldn't realize and she would stay over the time.

C: Well previously you filled out long surveys, what did you think about these surveys?

2: It's a psychological or mental evaluation or I don't know what it was about. But what I

wasn't sure about was why they repeated questions. A lot questions were the same and you had to think about it and becomes a controversy in your mind. Have you read it? You have right?

C: No, not very much.

2: Maybe I'd say I liked something in one question, and in the next one I'd say that I don't like it. And they twist around the words and they'd get me to say something else.

A: Like a game.

2: Yeah.

C: I think I have it right here.

2: It's not like a game, it's more like...

A: Una cueva. (I have no idea what Allison was saying right here. It translates as "A cave.")

3: They break the question down better...

C: Here it is.

2: No, for me it's like they trick you?

A: Yeah.

2: Right? Have you read it? You understand? In one question I might say that I like the color white, but in another question they got me saying that I like black. But you need to think about them, and it's the color white.

A: Yeah, yeah. I don't think that was the...

2: It's not difficult; you just have to think about them.

A: Was it personal? Too personal? We just want to know because we didn't make up the survey.

2: It was normal.

C: The questions were?...

2: It's not personal. I mean it's not very personal. Every person thinks differently.

B: There's no problem. It's like if someone went to court and the judge asks the person, "Hey you, did you kill so and so?" And if I did kill him, I tell him I didn't and they'll keep me in

jail another five years. And I go back to court, “Did you kill so and so?” Five years later I’ll tell them, well yes I killed him. I mean, they ask you the same questions in court to test you, to see if you respond the same. And if you say something different, you must be lying.

2: Yeah, it’s to catch you in a lie.

3: The only thing they do is change around the question. But it says the same thing.

1: To see how false a person is being.

2: Or not how false, I’d say it’s about the capacity to think because it’s just responding for its own sake, you understand? (This didn’t make much sense in Spanish, or in translation)

A: Yeah, yeah, yeah, yeah.

2: Right? Because if you respond just to respond you’re going to end up saying no, and in the first one you responded yes.

A: But that’s not how they’re analyzing the questions, it’s just an accident that it was so repetitive.

2: Oh no, yes.

A: But it was a bit long don’t you think? Did you get tired?

2: It was fine. It took me a long time because...

3: It was alright, there were a couple of questions that weren’t explained very well and I didn’t know what they meant, so I had to ask someone.

A: Was it confusing?

3: Yeah, it had no meaning, you could say it had a double meaning. And I would ask, “what does this mean?” And sometimes the person that was explaining it to you didn’t know themselves. For example the questions about being from the United States or Mexico. And the question was asking, from where? Well from here. Well do you drink here? Well, no. And so on and so forth, but it was good.

1: Or how many alcoholic drinks did you have on the last day of this month? Well I haven’t had a drink in ten years, I would tell them.

3: Well not here, but there everything was good.

2: They’re good questions in context, but to me they’re good questions.

C: Do you think the answers in the survey were the best possible answers? For the questions?

Schwantes

Or were the answers in the survey good answers?

1: Yes, I think so.

C: For like filling in? (I was referring to the answers)

B: What do you mean?

C: Like to fill in.

2: Like, how? Sometimes.

C: Like the answers (showing the original survey) No, absolutely not, a bit, moderately, exactly.

2: That's where the controversy is, right?

C: Yes.

1: The ones that say absolutely, moderately...it's like exactly, correct, or half-correct and that's what I say.

2: A psychologist made up those questions.

A: Yeah.

C: Do you think I should go on with the next one or?

A: Yeah

C: Ok.

C: Was your stress affected by the music?

(Various): No, not at all.

C: Like did it help you fight stress?

3: Yeah, well...

C: I don't know if I made myself clear.

A: Did it cause more stress, or did it help the stress.

1: It helped

Schwantes

3: That's what I was talking about

1: You forget about stress.

3: You forget about it in the moment, it helps.

C: Does it help stress? What do you think? (indicating #2)

2: It helps prevent stress.

1: To prevent it from affecting you.

2: I mean to take stress away, because once you're stressed you don't want to do anything. To prevent it from even coming, right?

C: Yes, of course, yes.

C: You think I should prompt on that one? Or?

A: Yes. What? To go on? or to?

C: Yeah, do you think that's enough for that one or should I keep going?

A: I think that's fine.

C: Ok.

C: Studies have indicated that stress among migrants is high due to separation from family, and rough work conditions, that type of thing. If you started a program for mental health, what would it be like?

A: This is the last question, it's the most important.

3: Could you repeat it please?

C: Yes, well the first part is about stress being high for migrant workers due to separation from family and hard working conditions. Additionally, Melodia wants to know, if you designed your own program for mental health, what would it be? What would it be like?

1: Well I think that the...there are people that are stressed because of family problems, or separation from family. Like in my case, I got used to leaving a long time ago. But for me, stress and separation don't affect me. Being away doesn't affect me. Everything inside of me is normal. My mind is calm about that and I don't feel like I have any problems.

3: I think that maybe separation doesn't really affect us.

1: Well it depends on the problems a person has.

3: Yeah I mean, you miss people and all that, but that's why I come. But there's always going to be, like I said before, stuff that happens. Like a problem in Mexico or something that you can't help but worry about.

1: Temporarily, but you can evaluate that yourself as it comes...

3: Sure, it depends on the gravity of the situation.

1: Of the magnitude of it.

3: Yeah.

1: I mean, the impact it has on your life. As captain of your family you should be prepared in case something terrible happens, you have to be able to surpass it.

3: No, no, well, yes. I mean, surpass it in the face of your family. But in any case you can't avoid feeling bad.

1: No, no, well. Yeah, sure.

3: I mean, sometimes you feel sad because you're not right around the corner from your house. We're very far away...

1: There are always some small imperfections, right? You have to get over it and know that what happened happened and you can't go back. I mean, things are irreversible when they happen...and you, you have to keep walking forward, slowly. If you stop it has to be just for a moment, but you have to keep going forward. Because you don't gain anything when everything falls on top of you and you're down and you fall behind after a while. So it's better to open your eyes wide, to stand firm and think about what happened and keep going forward.

A: So if you have your own way of dealing with stress how does this program play in? Does it support your own efforts? Or does it not do anything? Or?

1: I mean, this therapy supports me to know things I didn't already know. For example, in my case as a kid I wanted to play the guitar. Actually, I told Melody that I wanted to play an accordion as a kid. But I never could because my childhood was different. Some people had everything and some of us had nothing.

2: For me, for me...how should I say it? Good communication would be better, bringing good memories, photos, cards. To be like you would be over there. Well now it's easier. There's a telephone. I can call every week or twice a week. It's as if...and to be able to trust. And if having more...how should I say it? More courses like if there were more music courses or more interesting courses. Since we were from rural areas they could teach us to...

how should I say it? How to make preserves or some sort of practice. Like music or nutritional advice. Stuff people over there wouldn't learn. These things can help you. Or to learn an occupation or something like that ...Just like music too. (This response was scattered and it didn't make a whole lot sense.)

1: But also at the time, at that time that for example...Not that, that is right. I know what you're talking about. But also, I mean, we're looking at it positively there. You have to look both at the advantages, and disadvantages. Because of circumstances, with some family member...Unfortunately I have a problem or something; you're not going to... (This response also made little sense to me)

2: But how should I say it? You need to be strong. You need to be strong, and you can't avoid crying sometimes. You can't avoid it even with any therapy in the world you can't forget that pain. Only time and God can help, right?

3: Exactly, yeah. That's what I wanted you to understand.

2: What I understand as a therapy is therapy so that we won't be stressed here. Because if my mom dies, you could bring a band from wherever, and I could be the best musician in the world...

3: Yeah, one can't return to...

2: Never, that pain will never leave until it starts passing, you understand?

A: You're a human being, right?

2: Yes, it's different. When it comes to family there's a distance, right? From family, right? I think I'm doing well. They send me messages. My child moved, and stuff like that. I still feel these things. Communication helps, I bring pictures I look at them and remember, I talk about it with friends. And so on.

3: Yeah, well therapy helps us to relax. To relax, and it helps us as well. For me, I don't know about for them, but the therapy helps me to forget Mexico a bit.

A: To forget Mexico?

3: Yeah, I mean I think...

2: And I remember it and it makes me happy.

3: I mean, after a while, I mean.

2: The moments, it's good to remember the moments, no?

3: Maybe sometimes you're having a good time and it does help. At least I do forget if there's

a problem over there, it helps me to deal with it. And on the contrary if you go with the mentality that that problem has a solution, well...it does help. For me it does help.

1: It does help.

2: Yeah, other forms of therapy. Like what I was saying about making a manual. Like music too, what's central is...how should I say it? It's what's basic right now but there are other ways. Or another instrument based on what a person wants. But the trick is to have...how should I say it? Not like having a responsibility but like having a...how should I say it? To have an obligation to do it, so that all your negative thinking comes out and goes somewhere else.

A: Yeah.

2: Dedicate yourself, to think about your class. That's what it would be like for me. Because another thing that is hard is that there is little time. Like soon it will start getting dark early, and everyone will be in their houses when it's dark. Like right now you want to be at home (indicating A and C). Am I right?

C: No, well...

2: Or when it's cold. Last year I would go to church. We would get there wet, because it was snowing. What do you want to do when that happens? Take a bath, warm up, eat and put some clothes on.

C: Yes.

A: Right, basic stuff.

2: Mhm.

C: So you think I should prompt on how like what they would do for their own program? Or?

A: I think we probably need to go to the other house because we said we were going to be there at eight o'clock, and it's almost eight.

C: Ok, cool.

A: I'm sorry we have to...(end of recording)

Appendix E: Phase I Control Condition Focus Group Interview Transcription

A: ...that had swine flu, and there's no vaccine. So the only way now is to wash your hands very well, always as much as possible. Because we touch our face and... Anyways, Charles...

C: Well...

A: Do you want to, do you want... can you all hear his voice?

C: If you want to gather in closer.

I: Yes, let's gather in closer.

C: Ah yes, I'll move my feet. Ah yes, my name is Carlos. And Melody wanted someone to do the interview so that you can give honest answers and so that you know you are free to respond saying whatever you like. Because I'm here and it really doesn't matter what you say, you can say whatever about the questions.

The first question is, when you started the program what did you think it would be like?

A: Not our program from this summer, we mean the mental health project.

C: Um like, to try to be... Did that question make sense?

A: Are we good? Did you understand the question?

C: Like, when you started how did you think it would be?

I: You mean when we started coming here?

C: Oh, no.

I: You mean when we started to do the questions?

A: The questions and they also gave you some information on how to handle stress and a couple of music cds. Yes, that is what we're talking about now.

I: Well, no personally I thought to myself "these questions that they are asking me what are they for?" Right? I even thought to myself that I would ask them, to see if they were studying people through the questions they asked them. That's what I thought at least. I don't know about the rest of these guys, or what they'd think.

C: How about the rest of you? What did you think?

2: Well, the way I see it I thought that perhaps this was for just some exam or for something else. But at the moment when a person prepares for something or if they could ask for help from the clinic or that there wouldn't be problems when one went. Sometimes if they come, sometimes they don't even pay attention to us, and they say 'what for?'. And now, now they need our help. That's what I have to say about it. They asked us, "Do you agree to help us, to talk with us a while?" No, yeah. And that was my only real thought about it. On the day when someone needs something you say I will do that for them, or for anyone, or for you... And they already gave me an answer when we were talking or whenever. Now I'm going to help them too. And that's what I mean, in a manner of speaking. (doesn't make much sense, interviewee was very scattered)

C: Do you all have something to say?

1: Well with me, that's basically what I thought too. It was felt.

(Barely audible discussion)

3: Well, I think that all of us... I knew based on the questions, and answers that they were asking me about how I felt here. I think that sometimes (the majority of us) are stressed out, fatigued and sometimes... and sometimes you can't find a way out of the problems you have, and other things.

1: Sometimes it's because of work.

C: Was the experience like you had anticipated it? Or was it different in some way?

3: No, no you can't really anticipate something like that. Before that (obviously) we really had no idea what it was about, according to... but when they started coming, the two or three times they came, you started getting what it was about more or less.

1: More than anything it was about what you thought, right?

3: Almost always the questions were like, "how did you feel a week ago? Or a month ago?", "Were you stressed?"... stuff like that. They asked if you had a way of escaping your problem, or even if it was just forgetting it for a while.

4: And that's what I thought, right? Every time they would come and talk to us and they would do the surveys I would think "it's a study to see if we responded the same as the last week, to see if the answers changed."

Others: yeah to see if they changed from week to week.

4: Yeah a study, a survey like that. That's what I thought.

3: Almost always the answers were similar or the same and among us there was confusion because sometimes, "Well, hey is it the same or?"

A: Another group told us the same thing today.

3: But I think also that you all do the study and you do it based on some theme. Right? And you just answer. Sometimes you even contradict yourself.

2: With some you answer right some wrong... (barely understood)

A: That wasn't the purpose, but we understand.

3: Sometimes the responses were similar. And one time I asked, "Well, is this question the same as that one? Or..." But they would say no this one is about something else. (Hard to hear this part.)

A: Yeah, it was broken down a lot.

2: Every word had its answer right? Because they weren't all going to be the same... One was this and one was that. But every word had its... results, right? Yeah.

C: Yeah.

C: Was the educative information about stress helpful?

4: Yeah, I mean I think it was. Right?

A: Did you read it?

4: Yeah, uh huh.

(Laughs)

4: Sometimes we all have stress... I don't know like a feeling, and to forget about it...

5: Everyone has their own way.

1: But everyone has stress, there's not one person that can say anything else.

(Jumbled, everyone talking at once)

1: In the first place because we're away from our homeland and our family. Right?

2: (not really intelligible)

C: Right, when one works hard there's a lot of stress, isn't there?

6: Yes, that too.

2: Yes, but that's how it is...

1: Well also, when it's been raining as it has been now were stuck inside. But we'd also like to work...

C: ...and you can't when it's been raining. Sure.

1: That too and we're stuck wondering when the water is going to stop because we want to work.

6: And you're just stuck in here...

1: You can't find a way out.

A: Did you guys lose a lot of work in these couple of days?

4: No, only two or three days, but still we're just here...

(two guys): we're just stuck in here, just pent-up.

1: There's nowhere to move. We're just left to look at each other.

A: It stresses me out thinking about that.

1: There's a lot of stress there. Perhaps it rains and the water just won't leave...and on rare occasions we work till ten or eleven then we're just stuck here thinking. And we can't leave either.

C: And does the rain sound loud on the roof?

A: (laughs)

1: Yeah, it's real loud.

C: Yeah

(General agreement from group)

C: Should I go on with the next one?

A: Sure, yeah.

C: Did you listen to the cd frequently when you felt stress? Or did you use it? Did you use the cd?

Schwantes

1: You mean the disks?

C: Yeah.

A: What type of music was it?

3: It was music of...

1: I never listened to it...

(Someone else): Yeah it's around here somewhere...

3: It was violin music, guitar music...

A: Mexican, or?

(In unison): No, no.

4: It's music from

A: New age?

4: Classical.

A: Classical?

(General agreement): Yes, yeah.

4: Just pure music, not sung.

1: Like with violins, and all that.

A: Is it pretty?

4: And one 'rondalla'.

A: Oh ok.

(Everyone talking at once, laughing)

5: There's a type of music that when you listen to it it sounds like the wind, or the waves. And you can imagine you're...

1: ...On the ocean's shore, at the beach, sitting down. It's down here at the end. (laughs)

A: That's alright? That type of music is good? Or not?

(Two people): Yes.

1: Yeah it relaxes, it's relaxing.

C: So some of you listened, some of you didn't?

1: I didn't listen to the cd, I'm not going to pretend like I did...

A: And you two listened to it when you experienced stress? Or when?

1: But you should lend it to me later so I can hear it.

4: Yeah we would just play it over here just to listen it.

A: Maybe it would have been better to give you 4 copies. Because it was only 1 disk?

(General Agreement): 2, yeah 2.

C: Was the music or the information more helpful to some of you more than others? Like, did some of you benefit from the music/information more than others? Do you understand?

(General Agreement): Yes.

7: Well the information you know...when one is stressed or when one is tired. (barely audible)

A: What type of information did the education bring? What type of things...

7: No, it was just if sometimes you felt depressed or stressed you should walk for a while, or read or exercise...whatever just as long as you're doing something, and that way you'd forget. And the problems wouldn't be there anymore.

1: Do work.

2: Yeah, it wouldn't be here anymore. You'd be content and relaxed. And it's the same thing with the music when you listen to it it relaxes you. And if you don't want music...and it erases it. (once again barely audible, and not very well understood).

C: Do you think that music combined with education is a good way of combating stress?

1: Music?

C: Yeah combined with education?

7: No, I think it depends on each person because maybe some people like music and it would relax them better. Or to another person it wouldn't work, music wouldn't relax them.

2: No but with music you do relax...

1: yeah, with music...but if you don't like it. (hard to hear/understand)

7: Yeah one person could feel relaxed when listening to music and like it, and another could read or do whatever thing to relax. To find another way to relax.

C: Do you think that's good enough for this question?

A: Yeah.

C: The purpose of this study was to examine how music affects: anxiety, depression, self-esteem, alcohol consumption, and stress. Do you think that listening to music helps with these problems?

1: Yeah, I mean that's what we're saying. Listening to music helps, helps a person.

A: Can it improve...oh, go ahead.

2: Because if not, as one says about music...you mentioned alcohol, and who knows what else. If there wasn't music maybe I'd grab this bottle of alcohol and just drink it. But listening to music maybe you'd forget about that. And maybe I'd go outside and I would still be able to hear the music and the wind would blow and it would sound nice. But if there's no sound, no nothing, no music...

1: All that's missing is for there to be a bottle there...(couldn't quite understand)

2: That's how it is isn't it?

A: It doesn't make you sadder? The music doesn't make you sadder?

1 and 2: Yes, of course.

A: So that you would want to drink more?

1: Sometimes it does.

2: Well yes, sometimes.

A: With the Mexican music and tequila?

2: Yes, that's true. It depends though...

Schwantes

(Everyone talking at once)

(General Agreement): It depends on the music.

4: ...you can almost always hear the music...

1: If I hear a song that reminds me of something well I might take a bottle and drink it.

2: Yeah, that's true.

C: That's true as well.

2: Yeah.

1: That too.

C: Um, I'm going to go ahead with the...

A: Can music improve quality of life?

1: On occasion, yes. On occasion it can help one improve, right? Because, for example, being here, if you're stuck here not doing anything you can listen to music. But if your busy too, sometimes you start thinking about a problem you have and it's different. Yes, on occasion with music it changes...

5: When you're working you forget about it. If you get into your work...

C: Ok. Previously you filled out surveys with a lot of questions. Do you remember the surveys?

(General Agreement): Yes.

C: Yes? Ok. What did you think about these surveys? What were they like? Were the questions...Did the responses represent how you felt? Or? Were there too many questions? Or?

5: The way I see it, the surveys that they gave us...the questions seemed to me...well, good. One would answer the questions, but one wouldn't know if they answered the questions right or not. But what I felt...they were questions that, like...a study about me as a person, about my feelings.

6: The problem is that since the survey questions had multiple options...you could answer yes or no. But if there were to ask me "How do you feel?" and I would answer "I feel bad because of this, this and this." But the survey sometimes would ask, "How do you feel?" and it would be like "Good, not good, so so".

1: (In unison with 6) Not good, so so.

6: I mean it varied.

A: So were there too many options?

1: Yes, and for me there were too many questions too.

3: Yeah and I think that's why one would get confused.

5: Every question had five answers, right?

3: That's why I think that the questions were based on the survey according the style you were doing it in.

A: Yeah.

2: Yeah because one word was different and...

(1 and 2 talking at the same time, can hardly understand what they're saying.)

A: And it was a lot for us to say too, our voices would get tired.

2: Yeah.

1: Yeah. There were a lot of questions but...

4: Maybe we answered them well, or maybe wrong.

6: Or sometimes you would contradict yourself. And sometimes they were similar. And sometimes...

1: I answered one wrong myself. That lady...Melody, she had to re-ask me the question because I had answered, I can't remember which question it was. And I had responded "Yes", and so she left me eventually and at the end of the exam she asked me again. But I can't remember which question it was. And I told her yes, but I kept thinking about the question, and that wasn't right. And I corrected it, I had to correct it. That wasn't what it was.

A: Hello, how are you? (someone coming in) Is that guy new?

2: No.

C: Do you think that the answers in the surveys were the best answers? Or...I think we've already addressed this. There were too many answers perhaps, or what?

5: I think that everyone responded the questions...

1: Based on how each of us felt, yeah how we felt personally.

6: Each person answered their survey personally and...

A: Were they too personal?

4: No.

1: Well, imagine if we all thought the same way. Then in our surveys all the responses would be the same. Right?

C: Yeah.

1: Each one of us thinks differently.

2: Yeah, well it's just that it's not the same thought.

1: Some of us think one thing. Some of us need more, and some of us need less.

2: If it weren't like that there would be only one reality, only one thought.

1: We would all be the same.

2: Yeah, we'd say "all of us are the same!". And we might as well...no, no.

C: Were there some questions that were better than others? I don't know if you remember. It's a very big survey I believe. Here it is. It has a lot of questions. I don't know. If you remember...if not that's fine too.

A: (Allison coughing) I'm sorry. No, I feel a bit better.

(A couple of the guys): How was that?

7: That if there were some...

C: That if there were some questions better than others in the survey? Or if you remember, I don't know. It's a big survey.

5: Because sometimes, sometimes they were...sometimes it would help you to vent. You could respond based on how you felt, perhaps 'better' or 'so-so'...Or I've felt good for a week, I've felt good for a month...

1: For example like if you were worried. For example last week...why were you worried? Or I don't know. Some question for example.

Schwantes

3: I think there were some questions better than others.

1: Some were better.

C: I don't know if I was specific enough with that one.

A: It was fine.

C: In what way did music help you? With stress? And if it did help you, how did it help you? Like, in what way?

5: Well, listening to it. Because there's no other way than to just listen to music and...

C: Relax?

5: Yeah relax.

C: Should I ask more about that one, or should I go on to the last two questions?

A: Go on to the last two.

C: Ok. Studies have indicated that the stress of migrant workers is high due to separation from family, and hard work conditions. If you were to create a program to improve mental health, what would it be like? What would the program be? Do you understand me?

A: Well throughout the years we have done various programs with you guys with the music with Melody and with this. With reading and what else?

(someone): Games.

A: Games with English, and all of that. Do you have other ideas or do you have a preference between these things? Or what type of things...or do you not need anything? Or what do you think?

2: Well I think it would require something but...for me, about studying...I'm motivated to study but when I'm there ready to study I get tired and decide not to do it...(starts laughing, hard to understand)

1: (Laughs)

A: That could be.

C: Sometimes he's motivated to do it, other times he just wants to sleep.

A: Yeah, yeah yeah. That's normal.

2: I do like studying a lot, I mean like looking at a book. But I start doing it for a while and...

A: Yeah, yeah. It depends on how you feel that night.

2: But, that's the thing.

1: (laughs)

A: What else? Do you think that this is important, that stress is a problem with workers? And if it is a problem what should we do, or is it something we don't need to do anything about? Those are a lot questions.

1: That's alright.

3: Well for me, I think that stressed...well if I feel stressed I look for a way to take it away. Listening to music, watching tv. I start to read. Because if I told you that we should do a program, for example for sports or something maybe I wouldn't play, maybe I would get home tired. Then it just wouldn't happen. So I look for a way to relax myself, personally. In that way it wouldn't be a program. I think that if it were that way everyone would be the same.

6: Well, plus sometimes we get home tired or we have other things to do and sometimes the time...the little time we have is not enough.

1: You see that now it gets darker earlier and you could say we get home later, right?

6: Yeah you get home and it's to the races. You have to get a shower and eat. You don't have enough time for get in a group.

A: We forget that you guys are very tired after work.

2: Well one gets in from work right? And in a while you forget the stress...cooking, talking, and eating. The stress comes when you just sit there a while resting. And you start listening to music, and that's it...You're relaxed, and that's it.

A: So these are things that can be done individually?

(General Agreement): Yes.

5: Yes individually because it's difficult to do it in a group because we don't all think in the same way. We don't all agree on things. Sometimes, I think that stress and personal problems are personal, right?

A: Hmm...So stress is something that changes with time for people. You could be stressed today and he could be the next day and it's not always the same.

Schwantes

1: Yes, yes.

(everyone talking at once)

3: Yeah sometimes one day I could be fine, and the next day maybe that changes.

1: Yeah, some people have more serious problems or something. Some people have more stress than others. Right? It varies.

5: Yeah, it varies. Depending on how one person thinks, how that person is, or on how that person lives.

1: Maybe today I feel stressed and tomorrow I feel...

A: So you don't think that stress is constant? It's related to an event, or something that happens?

(General Agreement): Yes.

A: Ok.

1: Yeah, that could be.

C: Should I go on with the last one or...

A: Sure.

C: Ok. Umm. Do you feel that you were treated with respect and dignity by those who worked with you? Throughout the experience?

(General Agreement): Yes.

C: Do you have examples of how you were treated in this way?

4: One example is you guys, you are sitting here talking with us, asking us questions in the same way. That's one example.

2: It's something that is favorable, because we end up seeing each other day in and day out. And it's different when you come.

1: And even when you guys are here talking to us, our stress starts to erase a bit. When we're here talking it just... We're not thinking about....

2: Yeah. When you come it is better when we're all here in a group.

1: When you come we even have the chance to play a bit. It does us good, it does us good.

2: Yeah.

A: Very good. Anything else, any other ideas? Perhaps about the program, or other things? Can we do something to better help you?

2: What I say is, you could help us when we have a problem and we say “can you help us?”. If something happens to us, you can help.

5: We’re happy that you come and visit us, and if we ever have problems or we need something we call you. If we have a problem we call you, and if you want to help, that’s great!

A: You guys can trust us.

2: What we trust in is that you guys come to visit us.

1: And like I said when we’re here talking some of the stress goes away.

5: Yeah, there’s a big difference in that you guys come to be here with us.

(everyone talking, hard to understand)

2: If you guys come once a month that makes a difference because we see each other every day.

C: Every day, yeah. Well, you all live here.

2: Yeah, that’s why.

A: Well, it’s a pleasure to visit you all.

C: Yeah.

A: You’re good people.

2: Well, thank you very much.

A: You guys have your own televisions here for when it rains.

1: Yeah, well he has his own tv, and he even bought games for it.

A: Yeah?

1: Yeah, he plays on it.

Schwantes

A: Everyone here has their own little world in their bed.

1: Yeah, every person.

6: Every person.

A: When are more people coming?

1: Next month.

A: Like, mid-October?

1: More like in three weeks, right? Like mid-October.

3: I think it's the last week in October.

1: There will be like 20 or 23 new...

C: I'm going to turn this off... (end of interview)

Appendix F: Phase II Consent Forms

Informed Consent form to Participate in Research (Music Therapy)

Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you work in agriculture. Your participation is voluntary. Please ask the study staff to explain any words or information that you do not understand. Take your time to make your decision.

You must be at least 18-years old to participate in this study.

Why Is This Study Being Done?

The purpose of this research study is to explore whether simple group activities are helpful for protecting the mental health of Latino farmworkers.

How Many People Will Take Part in the Study?

Up to 120 people from different farmworker camps across North Carolina will take part in this study.

What Is Involved in the Study?

As a participant in this study, you will be interviewed 3 times by a member of the study staff. Interviews will be about 3-6 weeks apart. At each interview, study staff will ask you some questions about your background and how you have been feeling recently. The first will take about 15 minutes and the other two will take about 10 minutes.

In between interviews, you are being asked to participate in educational activities to help you cope with stress, supported by the staff involved in this study. Volunteers in your camp will participate in 7-10 music classes. The music classes will last approximately 1 ½ hour per week and will include singing, playing, and talking about popular music from Mexico.

These activities will be held at the volunteers' living quarters at an agreed upon time.

How Long Will I Be in the Study?

Your participation in this study will last about 15 weeks. You can stop participating at any time.

What Are the Risks of the Study?

You must be 18-years old to participate.

The risk of harm or discomfort that may happen as a result of taking part in this research study is not expected to be more than in daily life or from routine educational tests. You should discuss the risk of being in this study with the study staff.

Taking part in this research study may involve providing information that you consider confidential or private. We will keep your information safe by using numbers instead of your name. We will also keep your records locked and secure and will only allow authorized people to see the records.

Are There Benefits to Taking Part in the Study?

If you agree to take part in this study, there may or may not be direct benefit to you. You may learn ways to better manage your stress. We also hope the information learned from this study will benefit other people in the future.

What Other Choices Are There?

Your alternative is to not participate in this study.

What Are the Costs?

There are no costs to you, other than your time, for participating in this study.

Will You Be Paid for Participating?

You will receive no financial or material payment for participating in this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator Melody Schwantes (828) 773-1446.

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, you should contact the Chairman of the Appalachian State University IRB at (828) 262-2692.

You will be given a copy of this consent form.

Informed Consent form to Participate in Research (Control)

Introduction

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you work in agriculture. Your participation is voluntary. Please ask the study staff to explain any words or information that you do not understand. Take your time to make your decision.

You must be 18 years old to participate in this study.

Why Is This Study Being Done?

The purpose of this research study is to explore whether simple group activities are helpful for protecting the mental health of Latino farmworkers.

How Many People Will Take Part in the Study?

Up to 120 people from different farmworker camps across North Carolina will take part in this study.

What Is Involved in the Study?

As a participant in this study, you will be interviewed 3 times by a member of the study staff. Interviews will be about 3-6 weeks apart. At each interview, study staff will ask you some questions about your background and how you have been feeling recently. The interviews will take approximately 10 minutes.

In between interviews, you are being asked to participate in educational activities to help you cope with stress, supported by the staff involved in this study. Volunteers in your camp will receive free CDs of Latino music as well as some papers describing different ways to manage your stress.

These activities will be held at the volunteers' living quarters at an agreed upon time.

How Long Will I Be in the Study?

Your participation in this study will last about 15 weeks. You can stop participating at any time.

What Are the Risks of the Study?

The risk of harm or discomfort that may happen as a result of taking part in this research study is not expected to be more than in daily life or from routine educational tests. You should discuss the risk of being in this study with the study staff.

Taking part in this research study may involve providing information that you consider confidential or private. We will keep your information safe by using numbers instead of your name. We will also keep your records locked and secure and will only allow authorized people to see the records.

Are There Benefits to Taking Part in the Study?

If you agree to take part in this study, there may or may not be direct benefit to you. You may learn ways to better manage your stress. We also hope the information learned from this study will benefit other people in the future.

What Other Choices Are There?

Your alternative is to not participate in this study.

What Are the Costs?

There are no costs to you, other than your time, for participating in this study.

Will You Be Paid for Participating?

You will receive no financial or material payment for participating in this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator Melody Schwantes (828) 773-1446.

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, you should contact the Appalachian State University IRB at (828) 262-2692.

You will be given a copy of this consent form.

Appendix G: Phase II Questionnaire

Participant ID
<div style="border-bottom: 1px solid black; width: 100%;"></div>

Personal Information

I am going to read some questions about different areas of your livfe, work and your health. This interview will take approximately 10-15 minutes.. Empecemos con algunas preguntas básicas acerca de usted y de donde es.

1. How old are you?
 ____ ____ years
 888 ____ I don't know
 999 ____ no answer

2. Are you married?
 1 ____ I have never been married.
 2 ____ Married
 3 ____ Living as married
 4 ____ Seperated or Divorced
 88 ____ I don't know
 99 ____ no answer

3. Where were you born?

4. How old were you when you came to the United States for the first time?
 ____ ____ years

5. What is the highest level of education you have received? Please include GED (Primary= 01 to 06; Secondary= 07 to 09; High School =10 to12; GED=grade 12; Graduated from university -16) [None = 00; IDK = 88; No answer = 99]
 ____ ____ Grade

6. How many years have you been working in agriculture in the US (including this year)?
 ____ ____ years

7. Do you have an H2A visa?

0 _____ No

1 _____ Yes

7 _____ Not Applicable

8 _____ I don't know

9 _____ No answer

8. Approximately how many hours a week do you work in agriculture?

____ hours/week

88 _____ I don't know

99 _____ No answer

Social Isolation

1. Now I want to read some statements about your experiences here. For each statement, please tell me if you strongly disagree, disagree, agree or strongly agree with that statement.		Strongly Disagree	Disagree	Agree	Strongly Agree	DK	REF
a.	Latinos have been very helpful to me since I arrived in North Carolina	1	2	3	4	88	99
b.	Americans have been very helpful to me since I arrived in North Carolina.	1	2	3	4	88	99
c.	Churches have been very helpful to me since I arrived in North Carolina.	1	2	3	4	88	99
d.	Government agencies (like the health department) have been very helpful to me since I arrived in North Carolina	1	2	3	4	88	99

2. The next set of questions is about how you feel in relation to others		Never	Sometimes	Most of the Time	Always	DK	REF
a.	How often do you feel lack of companionship? Would you say...	1	2	3	4	88	99
b.	How often do you feel there is no one you can turn to? Would you say...	1	2	3	4	88	99
c.	How often do you feel alone?	1	2	3	4	88	99
d.	How often do you feel left out?	1	2	3	4	88	99
e.	How often do you feel lonely for family and friends back home?	1	2	3	4	88	99

3. Do you feel...		Definitely Yes	Somewhat Yes	Somewhat No	Definitely No	DK	REF
a.	...you can find companionship when you want it? Would you say...	1	2	3	4	88	99
b.	...there are people who really understand you?	1	2	3	4	88	99
c.	... there are people you can turn to?	1	2	3	4	88	99

Beck Anxiety Inventory (BAI)

Now I am going to ask you some questions about your feelings and emotions. Again, there are no right or wrong answers to these questions. Just answer as best you can. I am going to read you some statements and I want you to tell me how much you have been bothered by each symptom during the past week, including today. Possible response options are Not at All, Mildly (it didn't bother me much), Moderately (it was very unpleasant but I could stand it), and Severely (I could barely stand it).

		Not At All	Mildly	Moderately	Severely	DK	REF
1.	Numbness or tingling.	1	2	3	4	88	99
2.	Feeling hot.	1	2	3	4	88	99
3.	Wobbliness in legs.	1	2	3	4	88	99
4.	Unable to relax.	1	2	3	4	88	99
5.	Fear of the worst happening.	1	2	3	4	88	99
6.	Dizzy or lightheaded.	1	2	3	4	88	99
7.	Heart pounding or racing.	1	2	3	4	88	99
8.	Unsteady.	1	2	3	4	88	99
9.	Terrified.	1	2	3	4	88	99
10.	Nervous.	1	2	3	4	88	99
11.	Feelings of choking.	1	2	3	4	88	99
12.	Hands trembling.	1	2	3	4	88	99
13.	Shaky.	1	2	3	4	88	99
14.	Fear of losing control.	1	2	3	4	88	99
15.	Difficulty breathing.	1	2	3	4	88	99
16.	Fear of dying.	1	2	3	4	88	99
17.	Scared.	1	2	3	4	88	99
18.	Indigestion or discomfort in abdomen.	1	2	3	4	88	99
19.	Faint.	1	2	3	4	88	99
20.	Face flushed.	1	2	3	4	88	99
21.	Sweating (not due to heat).	1	2	3	4	88	99

Center for Epidemiologic Studies, Depression Inventory (CES-D)

Now these questions are about how you have felt over the last week. You should answer each with one of these statements that describe ways you might have felt or behaved. There is no right or wrong answer.

READ: During the past week...	Rarely or None of the Time (Less than 1 day)	Some or a little of the time (1- 2 days)	Occasionally or a Moderate Amount of Time (3-4 days)	Most or All of the Time (5-7 days)	DK	REF
1. I felt depressed	1	2	3	4	8	9
2. I felt that everything I did was an effort	1	2	3	4	8	9
3. My sleep was restless	1	2	3	4	8	9
4. I was happy	1	2	3	4	8	9
5. I felt lonely	1	2	3	4	8	9
6. People were unfriendly	1	2	3	4	8	9
7. I enjoyed life	1	2	3	4	8	9
8. I felt sad	1	2	3	4	8	9
9. I felt that people dislike me	1	2	3	4	8	9
10. I could not get "going"	1	2	3	4	8	9

Appendix H: Phase II Focus Group Interview Transcription

Interview with music group participants. August 21, 2010

C: "Ok, [clears throat] When you started, and whoever wants to speak or respond, just respond. When you started this project what did you expect from it? Was what you expected accomplished, um, or did your ideas about the program change? [pause] And if you need me to repeat that I can."

P1: "Repeat it"

C: "Ok" When you started the project, what did you expect from it? What did you think it would be like? And then after finishing the project, um, did what...was what you expected from it accomplished? Or did your thoughts about the project from before change?

P2: "No, well, what we thought was accomplished. About learning, well we learned a little bit. But, well it was good.

C: "Ok, would anyone else like to respond?"

P6: "The same." (in agreement with participant 2)

C: "Yeah? Everything that you hoped from the project-

Various: Yes, yes.

C: "Ok, um. Before starting the program what was your relationship with music?"

[Pause]

P1: "Well, we just liked to listen to it, but we never practiced it.

P6: "What he said, that's it."

[Pause]

C: "Ok, um, How do you relate to music now?"

P4: "What do you mean? I don't..."

C: "If before you only listened to music, you used it...Um, if you heard it when you were at a wedding, or if you turned on the radio when you were at home. How do you relate to music now that you know how to play an instrument a little bit?"

[Pause]

Schwantes

C: No?

P3: Well, it's like there's an interest to keep learning even a little bit more. To know the music in a little bit more depth.

[Barkly audible, men joking in the background, laughing]

P2: [to the rest of the group] Say something, any one of you, he's recording.

P6: The same.

C: It's ok, I understand that the questions can be a bit hard.

Were there songs that had a special meaning to you, whoever.

P1: Well, just because we liked to listen to the songs that we asked her for. She would, how do you say it... ..

P7: Have some special meaning.

P1: It's not that it had any special meaning; it's just that we liked to listen to them.

P4: It was about fashion, what was fashionable, right?

P4: In our times.

P1: All of the time.

[Pause] [Men speaking amongst themselves, barely audible]

C: Does any one think...does anyone else want to speak about that? Were there songs that you requested from Melody specifically for some reason?

P4: No, well, it was simply just to learn something about –how should I put this- how to get the rhythm and all that. But, like, something special like that, no. Not really, it was just that, simply.

C: Ok. Does everybody agree with that?

[Various participants] Yes, yes.

C: Even though Melodia doesn't speak Spanish perfectly, did you feel that she communicated in a way that was attentive and sincere?

[Various] Yes, yes.

Schwantes

C: And can you give examples of that, or explain a little bit more about that? Of how she communicated well?

P1: Well, what you were saying about if she was sincere, I think so because she put a lot of effort into us. In telling us how, and she was patient with us and all that. At that time we didn't know anything, she was very patient with us.

C: Yeah.

[Pause]

C: Yeah?

[various] Yes.

C: Does everybody agree with that, or does anyone have something else to say about that?

P5: When she didn't understand something she asked. When we were talking about something she didn't understand she would ask what we were talking about. Or the interpreter would tell her what we were saying, but she was always interested in what we were talking about.

C: That's good. Anything else?

[Pause]

C: No?

Did the music groups include everyone?

[various] Si, si, si.

C: And if you responded yes, could you give an example or could you explain a little more about how the groups included everyone who participated?

P5: Well, we all played the same song at the same time. In other words, those who played the organ played, right? the guitar and the accordion too. She would have us play at the same time. So, because of that, yeah we played together.

[Pause]

C: Ok, good.

[Pause]

Schwantes

What do you think about Melodia's assistants? Or the assistants that she used this time? Did you enjoy working with some more than others?

P2: Yes, they were very kind to us, they were good people. We complied (?) with them because they helped us a lot.

C: Yeah.

P4: And she had a lot of patience. That was what...

C: Ah, but the people that helped Melody?

[various] Yes, yes.

P7: But he's asking if there was any change when it changed...I mean, when Andres came or when someone else came.

P4: No, well it was the same.

C: It was the same?

P4: Yeah it was the same.

C: Eh, if it was Andres, or Leah –I don't know if Leah worked with you all- or Laura too.

P4: Yes, Laura.

[cellphone starts ringing loudly]

C: Melodia wants to know if there was any change if it was Laura or Andres...did you enjoy working with one more than the other?

P4: It's, it's. It's the same.

[person speaking on cellphone in the background]

P4: It's the same thing, there wasn't... There's no difference in one or the other. The three of them that were here were good, they are nice.

C: yeah, they were good people?

P4: Yes, good people.

[pause]

C: Within the groups did you find that some individuals were more interested in the music, or

in the project than others?

P4: I don't think so. I think that the whole group was interested in learning what each one liked, like the keyboard, the guitar, or the accordion. I think that everyone, everyone was interested in the music.

P1: I also think that the group, well, all of us were interested. I don't think that some were interested more than others. Everyone was interested.

C: Aha.

P1: In learning more than anything.

C: Sure, someone else...about this?

No? Ok.

[Pause]

What did you think about having a woman as a teacher?, or a woman teaching you how to play the guit- the instrument that you played?

[Pause] [Someone sighs and laughs in the background]

P4: What's the question?

C: How, how did it seem, or what did you think about having a woman as, as the teacher or teaching you how to play the instrument. Was it different than having a man teaching you how to play? Or...

P2: Yes, well, it was different because if a man came or something well we would have been carrying on, but you always show respect to a woman. And it's better, I mean, it was all good we respected her too.

P4: And then, I think that a woman has more patience than a man. That's what I think. I don't know.

P2: I mean, yeah because what does Jorgito do when the teacher...[can't understand the last bit, though obviously a joke at one of the participant's expense]

[laughter]

P5: And then, [female] teachers, are prettier than [male] teachers.

[laughter]

Schwantes

P1: You can erase that part. [laughing]

C: Well like I said, names won't be mentioned. But if you want I can mention yours.
[Indicating previous speaker, joking]

P1: Also his telephone number!

[laughter]

P5: Yeah, my telephone number too.

[laughter]

C: Yeah if you want, right now. Haha, no.

Does someone else want to speak about that difference?

No?

Um, If she were to do this program in the future, what could Melody do to make this program better? What are things that she could improve?

P1: She could find us an agent. (a manager for the band?)

[laughter]

P4: I think that it's good like that, like giving classes and all that is good, in my mind. I don't know what everyone else thinks.

P1: I think that it was good; I mean like the way that she was teaching us.

P2: Yeah, because whatever we asked her for, "well, we need this, or bring us this song" well yeah. I think that it is enough that...

P5: Maybe what we were missing was a little more time, for them to have stayed longer. Because there were many of us who were just starting to play an instrument, so they needed more, I think, a little more time to get some more practice.

C: Yeah, someone is just starting to grasp how to play an instrument.

P5: I knew a little bit about playing guitar, so it was a easier for me than for others. But I noticed that the others, like, they were left wanting to learn more

.

P2: And so we can improve a bit, how about getting us some drums?

[laughter]

Schwantes

P3: Well, yeah it could vary a little bit, some new instruments?

P2: Man, I was thinking we could play rock.

[laughter]

P3: You could vary the instruments to see, to see if with another instrument one could... Vary the instruments, to see, see what instruments people could teach themselves how to play a little bit.

C: Sure, more instruments then?

P3: More instruments.

[Barely audible: participant makes joke] [laughter]

C: Are there instruments that interested you specifically?

P2: Well, the one that we wanted to teach ourselves was the keyboard.

C: The keyboard?

P2: Everyone has their own way of...I mean the instrument that one likes. Well, it depends on what interests a person, what they want to learn.

C: Sure.

P1: The good thing was that she let us pick whatever instrument we would like to play.
[pause]

C: Does anyone else want to talk about that? Otras cosas que Melodia podria cambiar para en el futuro hacerlo mejor? Este programa?

P2: Well, like the compañero (work mate) said, a little bit more time.

P7: More time.

C: More time?

P2: Yes.

C: More lessons then?

P3: Yes.

Schwantes

[Barely audible: participant makes joke] [laughter]

P2: That she would give us a break, he said.

[laughter]

P4: Because she wouldn't give us any breaks. The time just ran together, right?

[laughter]

P4: yeah.

C: Anything else?

P1: No, well we'd be good with the break.

[laughter]

P5: And some beer to play better.

C: Ah, ok.

P5: We could play guitar with this hand.

[chatter, can't quite make it out]

C: How was your stress affected through playing the music?

P2: Well, it improved a lot. [laughs]

P3: No, well it wasn't affected, it improved.

C: Yes.

Various: Yeah, yes.

P7: It has helped a lot.

P6: Well, it didn't get worse.

C: Yeah, no, I meant to say how did it help your stress? Or if it did help your stress, how did it...If it did help...this program. Yeah.

P1: The stress stayed...

P6: The stress stayed out. .

P4: It did help because sometimes you get home –no not sometimes, always- you come home tired, all of that. You get stressed, you get in and... When we would get in we would be thinking about was coming home and playing the instrument. And in playing it a little bit you would forget about the tiredness...everything.

C: Yes.

P6: Yes

C: Does everyone agree with that?

Various: Yes

C: Does anyone else want to comment?

P1: No, I think that's clear.

C: Ok.

P4: More than clear.

C: Eh, in what way, um in what way will you use music in the future. Or if...

P1: To be famous...

[laughter]

P5: I'm going to start a band.

[laughter]

P2 Well, with the little bit we know how to play, we'll have a show.

C: You think you'll keep using it, playing?

P2: Well, yes.

P1: Practicing, with the little bit she taught us well we can start to get it.

C: Sure.

[looks around] Si?

Various: Si.

Schwantes

[pause]

C: Ok in the following questions, um Melodia said that the project she did with you, in the project that she did with you she valued the participation of each member very much. The following questions are about the way Melodia interacted or participated with you as well.

The first one is, did you feel that the communication between you and Melodia was open and honest?

Various: Yes, yeah, yes.

P1: Yes everything was very clear, and she was honest with us too.

[others in agreement] yes, yes.

C: And if ... And if you responded yes, why? Or can you give an example of this? Of a time when Melodia was honest with you, or open with you, very honest?

P2: Yes because she understood when we couldn't make it to classes. We would talk to her and explain why we couldn't make it. And she would talk to us and "that's fine" she would tell us. Like I said she gave us time, she was honest with us too.

P1: She understood us.

[pause]

C: something else?

P6: The same.

[laughter]

[chatter]

C: Did you feel that Melodia and her assistants –the people that assisted her- created a cooperative environment, I don't know if I said that right.

P2: Cooperative.

P4: Yes.

C: Like, you could all work together to make music?

P1: Yes.

C: And do you have an example? Of when you did that, or do you want to speak about this

Schwantes

subject?

[pause]

P1: Well I think that, like, it was cooperative. Like, sometimes Melody was playing and Laura and Andres would be telling us the colors or the notes. And I think that in that part they were cooperative, the people who assisted.

C: Yes.

Does anyone else want to speak about this question?

[participants talk amongst themselves, barely audible]

C: Did you feel that Melodia and the people who assisted her showed interest, or were interested in what you were doing?

Various: Yes, yes.

P4: Yes, you could see the interest because when we were, um wanting to play some song we didn't, we didn't even know the tone, none of that. Well, they had the patience of telling us how and when to start with the tone, and all of that. They were interested. Them just as much as us. We were interested in everything.

P1: I also saw the interest. I think that, well, she would say such and such time and that was the time that she would get there. She wouldn't be like "maybe I'll go later" always the time she said, that was when she got here.

P4: Even if we hadn't eaten, we were there.

[laughter]

P3: Yeah, well with that they were demonstrating that they were interested. Getting there on time, at the hour when they said they would arrive. With that they showed that they did have interest in teaching us.

Various: Yes.

P6: The same.

[laughter]

C: The same? [laughs] That's fine.

P5: Then they would participate when we were playing. Andres would play the guitar too, and sometimes Laura would sing.

Schwantes

C: Oh yeah? Ok.

P5: Well it did interest them if they were participating too. They were also learning this music.

C: Sure, thank you. Does anyone else want to speak on the subject?

P4: Come on you guys have something to say besides “the same”.

[laughter]

P3: As far as I’m concerned they were interested because Laura recorded the, towards the end she was recording. She brought us the videos.

C: Ah, they recorded you?

[participants talking about the video] They only made a couple.

P2: Put ‘em on sale.

P1: They’re for sale.

P4: How much? For ten, for ten.

[laughter]

C: Is that all about that?

[pause]

Ok.

Do you feel that Melodia included your ideas in the program? If you had ideas did you feel that she included them in her program when she was working with you?

Various: Yes, yes.

[pause]

P1: Yes well, sometimes we would say that we wanted to play some song, and the next time she came she would bring the song.

C: That song?

P1: Yeah. She would look for it, and bring it for everyone.

Schwantes

C: What else?

P5: I think that she would always let us do what we wanted to do also. She would ask us which one we wanted to play, what we wanted to do during that time. And that's what we would do always. She was the one that gave us the option of choosing what we wanted to do. She always did it like that.

P7: The same.

P2: Don't whisper the answers to him.

[laugther]

C: Does one of you want to say something?

P7: No, well, the same.

[laughter]

C: The same. Okay. That's fine.

Umm, there were cuestion-cuestonia- man I can't say that word.

P1: Cuestionarios (Surveys, questionnaires.)

C: That you filled out throughout the project, right? Or at the beginning...

P5: Yes, at the beginning, and at the end.

C: What did you think about this part of the project?

P7: The same.

[laughter]

C: The same as what? [laughs]

[laughter]

P1: What does the question say?

C: The cuestion-cuestion...can't say it.

P1: Cuestionarios

Schwantes

C: That she did throughout this program, what did you think about those surveys? Did you liked them, you didn't like them, too many questions?

P5: I didn't understand what they were for. I didn't understand why.

C: The surveys?

P5: Yeah.

C: To be able to evaluate if this program helped you.

P5: Because she asked the same questions on all the surveys.

C: The same as these? (referring to the current questions)

[general agreement that it wasn't these questions]

C: Ah, yes. She asked the same thing at the beginning and at the end. Yes.

P7: It was to see if it changed from when it began, from when it began to when it ended.

C: Yes.

P3: It was to see who changed at the end.

C: Exactly, she wanted to see if there were changes from the beginning to the end.

P5: But we never knew if there were changes or not.

[laughter]

P3: That's what she's going to tell us when she comes back I think.

P2: There in the answers, she was going to study what we answered.

C: And if you are interested in that information I'm sure that Melodia would want to give it to you. If you want tell her that you want to see if there were changes, you can also ask her.

P5: Supposedly those were the results of the program, and she never gave it to us. She never told us whether it affected us or not. Or how it had affected us.

C: Sure.

P5: And I think it would be good to know to be able to improve our stress ourselves too. So that we can find a way to relieve or take away [stress], without her. But she never gave us those results, I mean. Yes she gave us the same questions at the beginning and at the end but

Schwantes

she never told us whether it had affected us or not.

P2: That's true.

P1: Well I think that what's missing, right? For her to come back.

P5: To give the results.

P1: To give us the results.

P2: Yeah really, because like he says we didn't know how we improved.

P4: If there was improvement.

P5: Yeah, we felt better there when we would see the music-when we would practice the music. But we didn't know if it was good or bad.

[In the background

P4: When Melody comes.

P1: When Laura comes.

P4: Because?]

[laughter]

C: Yes, when I talk to Melodia I can tell her about that too.

P2: Yeah to see how it came out, I mean to see about the stress. All the questions that they asked us- to see how it was at the beginning and how it was at the end.

C: Ok, I can ask about that. Does someone else want to talk about the surveys that you guys took?

P6: The same.

P1: The same...[laughs]

C: The same.

P7: We want to see what kind of change there was.

P8: The results.

C: Ok. Does anyone else want to talk about that?

P1: No.

C: No?

[chatter, barely audible]

C: There is a lot of information that indicates that stress of people who work in the fields is very high for many reasons that include being separated from the family, doing a job that is very hard, work conditions in general and other things. If you developed your own program similar to this-or a program that would help people with high stress or workers- what would the program be like?

[pause]

If you were to make a program for people like you that do work –work that is very hard.

P4: yeah, think that one through.

P1: Let me process it. Ahh.

P3: I think that for that I would need, one would need to be qualified to do that program wouldn't they? One would have to have qualifications to be able to help others to improve their stress, to help. And to know in what way, how –what methods to employ with the other workers to try and help them.

P5: I've also noticed that when the month of November comes around when we begin to cut the trees. We start to work more time, later and the work is a little bit heavier. Sometimes we have to get up earlier, and all of the weighs on us, weighs on us. The first week passes, so-so. The second week too. But when the third week comes, I see that there start to be problems between the same workers. And I think that that is why, if someone wanted to do a study, I think that they send someone to be watching them [workers] there, to see how it is affecting them during those weeks of work. Only to watch them, interact with them and I think that there they would realize how –I realize this because I've been working for many years and at the beginning everyone starts out fine everyone starts out normal but as the weeks go passing by people get more tired and I think that there starts to be conflict between themselves.

P2: Especially Don Jocho (?) [laughs]

C: Stress?

P5: Yes, there starts to be stress between them.

P2: That's true.

P5: And then in the second and third weeks. I mean the first week everyone works well,

Schwantes

there's no problem. But later there is –I think it's because they start to get tired, they want to leave to Mexico

P3: They're thinking about going home, that's why.

P1: And on the fourth they ask if you want to go, and everyone is happy.

[laugther]

C: Thank you, that does help. Anyone else? If there was a program like that and you were going to create a program like that, what would it be like? Or what would you take into account?

P2: Well a program like that would be good. Like the compañero (workmate) says but since in around that time we don't have hardly any time, that's the problem.

C: Sure.

P2: Because if we get in early–like around 7 or 8- when we get in and eat and everything well we're ready to rest again and that's were it wouldn't...

C: Right, the time.

P2: Yes.

C: Anyone else?

P2: If before the harvest someone could give us an explanation on how to make it better ourselves, right?

P5: I think that first they have to see it, to see it so that they know what's affecting us first. And then they could give us the solutions, to tell us how we could improve the stress. Why do the problems start after the second week? But I think that it shouldn't be here in the house, or- but they need to go to the fields and observe us and see us work and realize when the problems start when the people start to have problems. And to see why they have those problems. I think that –that's what I would say that they should do. But not to burden us anymore, I mean not to keep us from resting more because that would give us more stress.

C: Yeah, yeah. Than-

P5: To go just as observers, some of you.

[pause] [chatter, barely audible]

C: Thanks, that is helpful. You guys?

Schwantes

P7: The same.

[participant laughs]

C: The same. That's fine. Does someone else want to say something about that?

[chatter, barely audible]

C: That's fine.

Do you identify with the word "musician"? or How do you identify with the word "musician". And, or Do you consider yourselves to be musicians?

P3: Well...

P6: Well after the video we came out with...

[laughter]

P7: There's going to be a lot of paparazzi.

P5: We're even selling cds.

[laughter]

P2: We're famous. Well we don't consider ourselves to be musicians, instead we're

P1: Music fanatics.

[laughter]

Various: Si, si.

P1: We like it.

P2: If we consider ourselves musicians that means that we know about music, but really we don't. In other words, one could say that we're beginners, right?

P4: recent...

P7: Like to have any idea about instruments.

C: Yes.

P6: [can't hear well, says something about signing autographs]

Schwantes

[laughter]

P7: Then we'd really be famous.

C: Someone else?

P4: You, Pepe?

[laughter]

P3: Well he barely had any [clases]...

P4: No, yeah he did.

P3: He did? Like one class right?

P7: [something about how they taught this participant guitar]

P4: Four, five, four classes right?

P2: He would do well with a drum.

P7: You could pick that up.

P5: But on the video you can't tell that you don't know how to play, eh. It looks like you do know how to play.

C: And that's what matters, right? To appear like you...

[laughter]

[pause] [chatter]

Ok, anyone else on that?

Various: No, no.

C: No? Ok.

Do you think that playing music can be a way of confronting stress? And why? I know it may seem like I've been asking that question a lot but...If you think that music can help...yes or no, and how? Why?

P1: I think so because if someone starts playing something you start to forget about all the other things, and they concentrate on what they're doing. One starts to...

P4: You forget about work, you forget about the family –in that moment- and you even forget about cooking, everything. You forget, yes. You're just there, concentrating, playing the music. You say, "Here is this, there is that" and like that.

P6: A person has to concentrate on their fans.

[chatter]

P2: So I guess we shouldn't ask for a break. Cause if they give us a break, we'll start thinking again.

P3: Well you should have told them that we didn't want a break.

C: A while ago you said that you wanted a break, and now you don't want a break.

[laugther]

P4: Yeah, well you forget about, well as far as I'm concerned it relaxed me well, and I would start doing other things after the cla-

P1: After giving Pepe something to eat?

[chuckles]

P4: After classes, and after having practiced playing the instrument.

P5: I think the fellowship with them helped, it wasn't all about playing but also we talked there, we hung out. And I think that that also helped us to take away the stress.

[participant speaking, barely audible]

P4: No, because well supposedly stress, like Laura would tell us, is because of the excess of a lot of things. And um, it's true, just like the compañero says we would get here and they would all talk, they would talk and you would forget for the moment.

P1: What would they say?

[laughter]

P4: No, well, Jokes, about the music, and all that. And yeah that was all good.

C: Thanks, does anyone else want to speak?

[chatter]

P7: Igual (the same).

C: Y bueno la ultima pregunta si no hay mas sobre eso, es bueno, solo quiero dar un espacio, Melody wants to give you a space so you can say whatever you want –if you enjoyed this program, if not, if you liked it or not, what helped, what didn't help, would you do it again? That type of thing.

P2: Well, yeah we liked it and we enjoyed it a lot. Because it didn't cost us any –we didn't have to pay for the instruments, so to speak, everything was...

[other participants making noises, implying that this participant is 'codo' or a cheapskate]

P2: Everything was free.

[laughter]

P2: Because I'm sure if they told us that it was going to cost, I would've said, "I won't do it then."

C: No, it's good that you...

P2: Because a lot of us, well all of us almost come searching for bread, and then also to...

C: Instruments cost money, right?

P2: Yes, that's true. And that's why, it helped us a lot. And thanks to them, we enjoyed it a lot.

C: Does anyone else want to speak about that?

P4: These guys need to talk. [laughs]

P2: And that she was a very good person to us, Melody. With all of the compañeros.

C: Ok, well that's the last question so if someone wants to say something else you can right now, if not...

P2: Unload what's on your chest.

[laughter]

P1: Tell them who you miss.

[laughter]

P1: Go ahead and vent, weep.

[laughter]

Schwantes

P5: Tell them who you miss.

P1: You too?

P4: Me too.

P6: The same.

[laugther]

P2: The same...The same one [person].

C: Well I think that's it, thank you very much for participating and talking a little bit about your experience and your ideas. And as I said if something wasn't clear if you want to talk to Melody here on the back is her number. Feel free to call her. She's always interested in knowing more about how she can make the program better for the next time. To be able to help people exactly...people who are going through the same thing as you guys in this area.

P1: I think that they only thing that I want to say is like, that they would give us the results to know if there were changes or not.

C: And I'm going to speak with her about that. Since you guys told me that you're interested in knowing that. Because that's important, so that you would know too.

P4: Did we pass, or didn't we?

P2: And also tell her thank you very much on behalf of everyone. She helped us.

C: And I'll be sure to tell her that too.

Well, thanks.

[End of recording]

Appendix I: Relaxation Scripts

These scripts were adapted based on the work of Goto and Ruiz (2006).

Ball of Light

The goal of this exercise is to focus your imagination in a specific way that is calming, encouraging, and even healing in an individual process of visualization. Let this be an exploration for you as we tap into creative imagery that takes your mind out of stress and into a relaxing scene of your design.

First, find a time and place where you can be alone and uninterrupted. Before we start, take your time to make yourself comfortable. Make sure to adjust your body, your position, and even your clothing so that you can relax. Begin by closing your eyes now and taking a deep breath. Let the breath out slowly, releasing any tension you may feel with this exhale (SHHHHHHH). Focus on the rhythm of your breathing. Take another deep breath and let it out slowly, allowing yourself to feel more calm. . .more serene. As you inhale, imagine taking in comfort and calm. . .and breathe out, releasing tension and discomfort. Focus on your breath, in and out. . .inhale. . .and exhale (SHHHHHHH). Notice how this slow, deep breathing allows the body to achieve a natural state of gentle relaxation. With each breath you allow yourself to go deeper into calm relaxation, letting go. . .(SHHHHHHH). Invite your body to relax and let go of any unnecessary tension, with each exhale, release discomfort; with each inhale bring in more comfort and calm. That's right.

Now, imagine a warm, soft white light coming down from the sky high above you and touching the top of your head. This light gently begins to slowly envelop your body, and as it touches each part you relax more deeply. You are gently circled in light—scalp and forehead relaxed—as it brushes you with warmth and safety. The light envelops you, safe and warm,

flowing down your neck, chest, arms, torso, buttocks, wrists, the small muscles between your fingers, behind your eyes; white light encircling you, safe and soft as you are surrounded now—thighs, knees, calves, ankles, toes—wrapped and anchored by this soft white light. Feel the relaxation in the muscles of your body as they are warmed by this white light from the sky.

We will now prepare to return to waking consciousness, as you focus clearly one moment more on the healing image of this place. Look around, knowing that you are ready to carry this pleasant place with you. I am now going to bring you back into the room and into the present by slowly counting from one to ten. You will remain calm, relaxed, and in control.

Visualize yourself at the bottom of your imaginary staircase and begin to ascend. . .one. . .two. . .allowing this image of calm to continue to work within you. . .three. Relaxation has made your body feel warm without any tension at all. Four. . .five. . .lighter and lighter. Six. . .seven. . . becoming more and more aware of your surroundings.

Eight. . .refreshed and relaxed and better than before. Nine. . .still calm and alert. . .and ten.

Wide awake now, gradually allowing your eyes to open and becoming fully aware of the room. Yes. When you are ready, move your arms a little, wiggle your hands and your feet.

That's right. Stretch, feeling relaxed and calm, in control of your body. Notice the relaxation that has smoothed your muscles. The memory of this pleasant place continues to fill you with energy as you face an unfolding day.

Relaxacion 1: La Luz

La meta de este ejercicio es de enfocar su imaginación en un modo específico para calmar, alentar, y hasta sanar con un proceso individual de visualizaciones. Deje que sea una exploración para usted mientras que utiliza imágenes creativas las cuales llevan a su mente

fuera del estrés y entra una escena de relajamiento creada por usted.

Primero, busque un tiempo y lugar donde puede estar solo y sin interrupciones. Antes de comenzar, tome su tiempo y pongase cómodo. Ajuste su cuerpo, su posición y aún su ropa para que pueda relajarse. Comience cerrando sus ojos, y tomando una respiración profunda. Deje salir su aire lentamente, soltando toda tensión que pueda sentir con esta exhalación (SHHHHHHH). Enfóquese en el ritmo de su respiración. Tome otra respiración profunda y deje el aire salir lentamente, dejándose sentir más calmado . . . más sereno. Mientras que inhale, imagínese que inhala cómodo y serenamente . . . inhale . . . y exhale SHHHHHHH). Note como respirando lenta y hondamente deja que el cuerpo realice un estado natural de relajamiento suave. Con cada respiración que toma se va relajar más profundamente, dejándose ir al relajamiento . . SHHHHHHH) Invite a su cuerpo que se relaje y se libre de cualquier tensión innecesaria, con cada exhalación suelte su incómodidad y con cada inhalación traiga más comodidad y tranquilidad. Así es.

Ahora, imagine que una luz tibia y suave viene del alto cielo sobre usted y esta tocando su coronilla, la parte más alta de su cabeza. Esta luz suavemente comienza a envolver su cuerpo y cuando lo toca, cada parte se relaja más profundamente. Esta suavemente encirculado por esta luz—su cuero cabelludo y frente relajados—mientras la luz lo toca con calidez y seguridad. La luz lo envuelve seguro y tibio, pasando por su cuello, pecho, brazos, torso, asentaderas, muñecas, los músculos (acento en la u de musculo) chiquitos de sus dedos, detrás de sus ojos; luz blanca lo encircula, ya seguro y suavemente encirculado—sus muslos, rodillas, pantorillas, tobillos, dedos de los pies—envueltos y anclados por esta luz blanca y suavesita. Sienta el relajamiento en los músculos de su cuerpo, calentados por esta luz blanca del cielo.

Ahora vamos a prepararnos para regresar a nuestra conciencia alerta, cuando se enfoque claramente un momento más en la imagen sanadora de este lugar. Mire a su alrededor sabiendo que está listo para llevar este lugar agradable con usted. Ahora voy a regresarlo a su cuarto y al presente contando lentamente de uno a diez. Usted se va mantener calmado, relajado, y en control. Imagínese al fondo de su escalera imaginaria y comience a ascender . . . uno . . . dos . . . deje que esta imagen de tranquilidad siga trabajando dentro de usted. Tres . . . Relajamiento ha hecho su cuerpo que se sienta tibio y sin ninguna tensión. Cuatro . . . Cinco . . . alivianado, más alivianado. Seis . . . siete . . . se está poniendo más y más consciente de su alrededor. Ocho . . . refrescado, relajado y mejor que antes. Nueve . . . todavía calmado y alerta . . . y diez. Completamente despierto, gradualmente dejando que sus ojos se abran y se hagan completamente consciente del cuarto. Si. Cuande esté listo, puede mover sus brazos un poco, menear sus manos o pies. Así. Estírese sintiéndose relajado y calmado, en control de su cuerpo. Note como el relajamiento ha suavizado sus músculos. La memoria de este lugar agradable continuará llenándolo de energía mientras este día se desarrolla.

Progressive Muscle Relaxation

I'll be guiding you through a technique called Progressive Muscle Relaxation. The goal of this exercise is to teach you how to feel or sense tense muscles, and then relax them. In this procedure, you will purposefully tense various muscles, focusing your attention on how it feels, then force your muscles to relax. When practiced, this exercise will help you to learn the contrasting feelings of tension and relaxation.

Once a day, in a quiet place where you won't be disturbed, either sit comfortably in a chair with both feet on the floor, or lie on your back and close your eyes. Follow the instructions.

Overall, this exercise should take about 20-30 minutes. When you clench each muscle for this exercise, hold the muscles tight for 5-8 seconds before relaxing. As with any exercise, be sure to consult with your doctor before exerting tension in any areas of injury, and do not over strain your muscles in this process.

Let's begin.

Get in a comfortable position and relax. Concentrate for a moment on your breath, noticing the way it falls in and out of your body. Feel yourself resting in your chair, or on the floor. What parts of your body are making contact with these supports? Think about your fingers, and wiggle them slightly. Now clench your right fist, tighter and tighter, studying the tension as you do so. Try to isolate the muscles in your right fist, tensing and focusing on just this part of your body without other muscles involved. Notice the tension in your right fist and hand; keep it clenched. Now release it. Feel the looseness in your hand, and notice the contrast with the tension you just experienced. Repeat this procedure with your right fist again, always noticing as you relax that this feeling is the opposite of tension—tense—and relax now, becoming aware of the difference. Feel the difference between tension and relaxation in your right fist and hand.

Clench your left fist now, tighter and tighter. Keep it clenched, and study the tension as you do so. Yes. Now relax. Feel the looseness in your left hand, and notice the contrast between tension and relaxation. Now we will repeat the procedure, clenching both fists at once.

Clench both hands, tighter and tighter, noticing the tension in both fists, hands, and forearms. Isolate this tension to your fists, hold it, and release. Relax and feel the difference.

Now bend your elbows and tense your biceps. Tense your biceps as hard as you can and experience this feeling of tightness. Observe the tenseness in your arms, the tautness in both of your biceps. Relax, and straighten out your arms into relaxation. Let this relaxation

deepen and feel the difference between tension and release.

Turning attention to your face and head, crinkle your forehead as tightly as you can. Yes, wrinkle it tightly, noticing the tension. Now relax and smooth it out. Imagine your entire forehead and scalp growing smooth and at peace. It is fully at rest; notice the difference. Now frown and observe the strain spreading across your face, throughout your forehead. Hold this a moment, feel the tension in your frown. Now let go. Allow your features to become smooth once again. Squeeze your eyes as tightly together as you can now, squinting them tighter and tighter. Feel the tension in your eyes; holding a moment in this squeeze. Relax your eyes. Allow them to remain closed now, gently and softly closed. Notice the difference between tension and rest. Now, clench your jaw, bite harder and harder; notice the tension spread throughout your jaw. This is a common place for many people to hold tension. Notice the feeling as you hold your jaw clenched with your teeth pressed together. One more moment—and—now you release. Relax your jaw. When the jaw is relaxed, your lips will be slightly parted. Your eyes are closed comfortably. Yes; that's right. Let yourself fully appreciate the contrast between tension and relaxation. Now press your tongue against the roof of your mouth, feeling an ache in the top of your throat, in the back of your teeth. Relax. Press your lips together now, pursing them into a very tight "O." Feel this tension in your mouth. Hold, then relax your lips now. Release any tension in your face. Notice that your forehead, scalp, eyes, jaw, tongue and lips are all relaxed and released.

Press your head now back as far as it can comfortably go, and observe the tension in your neck. Tighten the muscles of your neck, taking care not to over strain them. Turn your head to the right and feel the changing location of stress; roll it now to the left. Straighten your head and bring it forward, forward further now, as if you might press your chin right against your chest. Feel the tension this creates in your throat, the back of your neck, so tense. . .and

release. Relax, allowing your head to return to a comfortable, calm position. Feel this relaxation deepen, now that you have let go of tension. Now shrug your shoulders. Notice the building tension as you hunch your head down between your shoulders; as you tighten them up to your ears. Feel the tension in your shoulders, yes, as we hold so much tension in these spots. Relax your shoulders now, release. Drop them back into comfort and feel the relaxation spreading through your neck, throat and shoulders. . .such a release, relaxation that is pure, flowing deeper and deeper.

Give your entire body a chance to relax. Notice the heaviness, feel the comfort. Observe the difference between tension and this release. Now breathe out, blow out all of the air in your lungs, yes, until empty. Your body will breathe in naturally, filling all of your lungs completely. Breathe out, one more time, and breathe in completely. After you inhale, hold your breath. Hold your breath, keeping your lungs full. Notice this tension. Hold one moment more, studying this tension, then release. Exhale, let your chest become loose, let the air hiss out (SSSSSSSSSS). Continue relaxing, letting your breath come freely now, gently in and out. That's right. Your body knows how to breathe. When you are comfortable, repeat holding your breath when your lungs are full. Notice the tension; then exhale. Let the air hiss out (SSSSSSSSSS). Feel the tension draining from your body as you exhale. Yes.

Next, tighten your stomach and hold it. Hold it tighter and tighter, note the tension, then relax. Now place your hand on your stomach. Breathe deeply into your stomach, pushing your hand up, higher and higher with each deeper breath. Hold at its highest, pushing your hand up with tension. Hold, and relax. Feel the contrast of relaxation as the air rushes out (SSSSSSSSSS). Yes, your stomach now relaxes with each exhaled breath. Notice the difference between tension and release. Now arch your back, without straining. Keep the

rest of your body as relaxed as possible. Focus in on this tension in your lower arched back. Feel this in your body. Now relax, release the tension, deeper and deeper. Feel the relaxation envelop you, letting go deeper and deeper. That's right.

Now, tighten your buttocks and thighs. Flex your thighs tightly by pressing your heels down as hard as you can, harder and harder, flexing more and more. Now relax, and feel the difference. Now curl your toes downward, making your calves hard and tense. Curl them as much as you can without straining your other muscles. Study the tension in your toes and your calves. Yes. Now relax. Let tension dissolve away, and notice the difference. Now bend your toes towards your face, causing tension in your shins; pull your toes up higher and higher, as if they could reach your face—feel this tension. And release, noticing the relaxation that rushes in once again. Relax; letting go.

Feel the heaviness throughout your lower body as this relaxation deepens. Focus now on relaxing your feet, ankles, calves, shins, knees, thighs, and buttocks. Feel the relaxation as it spreads warmly through your stomach, lower back, upper back, chest and more. Let go, deeper and deeper, noticing any places where you still might need to release. Experience the relaxation deepening into your shoulders, your arms, hands, and fingers. Notice the feeling of looseness and peace, of relaxation in your neck, jaws, behind your eyes and through all of your facial muscles. Feel the hairs relaxing in your scalp; even the top of your head is released into warmth and comfort. Take inventory of the relaxation in your body, fully knowing that you are now aware of the difference between tension and release. Breathe, and relax, letting go of any tension. Relaxation has smoothed your body. Remember, and release.

Progressive Relaxation: Spanish

Hoy les guiraré por un ejercicio llamado Relajamiento de Músculos Progresivos. La meta de

este ejercicio es de enseñarle como se siente cuando tensa y relaja sus músculos. En éste procedimiento, usted tensará varios músculos con intención, enfocando su atención en como se siente y después forzando que sus músculos se relajen. Con práctica, este ejercicio puede ayudarle a aprender el contraste entre sensaciones de tensión y relajamiento. Una vez al día, en un lugar tranquilo donde no será estorbado, acomódese sentado en una silla con sus dos pies en el piso. Ó, acuestese de espalda y cierre los ojos. Siga las instrucciones.

Cuando apriete cada músculo en este ejercicio, detenga los músculos tensos por 5 a 8 segundos ante de relajarlos. Como con cualquier ejercicio, debe consultar con su médico antes de esforzarse en cualquier area de lastimadura y no debe de sobre estirar sus músculos en este procedimiento.

Vamos a comenzar.

Póngase en una posición cómoda y relájese. Concéntrese por un momento en su respiración, su aliento, notando el modo que entra y sale de su cuerpo. Sienta como usted descansa en su silla o sobre el piso. ¿Cuales partes de su cuerpo estan en contacto con los apollos de silla o piso? Piense en sus dedos y muévalos un poco. Ahora, haga un puño con su mano derecha, apriete más y más, estudiando la tensión mientras lo haga. Trate de aislar los músculos en su puño derecho, tensando y enfocandose solo en esta parte de su cuerpo sin involucrar los otros músculos. Note la tensión en su puño y mano derecha y mantega ambos apretados.

Ahora suéltelos. Sienta la soltura de su mano y note el contraste con la tensión que acaba de sentir. Repita este procedimiento con su puño derecho otra vez siempre notando que cuando se relaja, el sentimiento es opuesto al de la tensión—tense—relajese ya, notando la diferencia. Sienta la diferencia entre la tensión y el relajamiento en su puño y mano derecha. Ahora apriete su mano izquierda, apretandola más y más. Manténgala apretada y estudie la tensión al hacerlo. Así.

Ahora relajela. Sienta la soltura en su mano izquierda, y note el contraste entre tensión y relajamiento. Ahora repitiremos este procedimiento apretando las dos manos al mismo tiempo.

Apriete las dos manos, más y más, notando la tensión en los dos puños, manos, y antebrazos.

Aisle esta tensión a sus puños, detengalo, y suéltelo. Relajase y sienta la diferencia.

Ahora doble sus codos y tense sus bíceps. Tense sus bíceps lo más duro que pueda y sienta esta sensación de tirantez. Observe la tensidad en sus brazos, la tirantez en sus dos bíceps.

Relajese y endereze sus brazos al relajamiento. Deje que este relajamiento se ahonde y note la diferencia entre la tensión y el aflojamiento.

Ponga su atención a su cara y cabeza. Arruge su frente lo más apretada que pueda. Si, arrúgela fuerte, notando la tensión. Ahora relájela y suavízela. Imagine que su entera frente y cuero cabelludo estan suavizados y en paz. Estan completamente descansados. Note la diferencia.

Ahora frunza y observe la tirantez desarrollándose sobre su rostro y sobre su frente. Detenga esta ir antes por un momento, sienta la tensión al fruncir. Ahora suéltela. Deje que sus facciones se suavizen otra vez.

Apriete sus ojos lo más fuerte que pueda, apretándolos más y más. Sienta la tensión en sus ojos, deténgase por un momento en esta tenaión. Relaje sus ojos. Deje que se queden cerrados por lo pronto, suavemente y tiernamente cerrados. Note la diferencia entre la tensión y el descanso.

Ahora apriete su mandíbula, muerda más y más fuerte, note la tensión sobre toda su mandíbula.

Este es una parte del cuerpo común donde mucha gente detiene su tensión. Note la sensación mientras detiene su mandíbula apretada con sus dientes prensando juntos. Un momento más

—y

—ahora suéltelos. Relaje su mandíbula. Cuando su mandíbula está relajada, sus labios estarán un poco abiertos. Sus ojos estarán cerrados suavemente. Así mero. Déjese apreciar el contraste entre la tensión y el relajamiento.

Ahora, presione su lengua contra el paladar de su boca sintiendo un dolor arriba de su garganta, en la parte trasera de sus dientes. Relajese. Presione sus labios juntos, frunciéndolos en una “O.”

Sienta esta tensión en su boca. Detengála, y luego suéltela y relaje sus labios. Suelte cualquier tensión de su cara. Note que su frente, cuero cabelludo, ojos, mandíbula, lengua, y labios están relajados y sueltos.

Presione su cabeza para atrás lo más que pueda cómodamente y observe la tensión en su nuca. Apriete los músculos de su nuca, tenga cuidado de no estresarlos. Voltée su cabeza a la derecha y sienta el cambio del estrés; volteéla a la izquierda. Endereze su cabeza y tráigala al frente, más al frente como si fuera presionar su barbilla a su pecho. Sienta la tensión que se crea en su garganta, detrás de su cuello, muy tenso. Y suéltela. Relájese, dejando que su cabeza regrese a una posición cómoda y tranquila. Sienta este descanso que se ahonda ahora que soltó la tensión.

Ahora encoga sus hombros. Note la tensión que se aumenta mientras dobla su cabeza abajo entre sus hombros y los encoge hasta sus oídos. Sienta la tensión en sus hombros. Sí detenemos mucha tensión en esta parte del cuerpo. Ahora relaje sus hombros, suéltelos. Deje que regresen a una posición cómoda y sienta el relajamiento diseminándose por su cuello, garganta, y hombros . . .

que soltura, relajamiento puro, corriendo más hondo y hondo. Deje que su cuerpo entero se

relaje. Note lo pesado, sienta lo cómodo, lo liviano. Observe la diferencia entre la tensión y esta soltura.

Ahora, expele, sople todo el aire de sus pulmones, sí, hasta que queden vacíos. Su cuerpo respirará naturalmente, llenando sus pulmones completamente. Expire una vez más y aspire completamente. Después de inhalar, detenga su aire . . . Detenga su aliento, manteniendo sus pulmones llenos. Note esta tensión. Deténgalo un momento más, estudiando esta tensión, ahora

suéltelo. Exhale, deje que su pecho se haga suelto y que todo el aire salga fuera (SSSSSSSSSS).

Continúe relajándose, dejando su aliento libre, suavemente para adentro y afuera. Así es. Su cuerpo sabe como respirar. Cuando usted este cómodo, repita deteniendo su aire cuando sus pulmones estén llenos. Note la tensión y exhale. Deje que el aire bisbisea fuera (SSSSSSSSS).

Sienta la tensión saliendo fuera de su cuerpo mientras exhala. Así.

Ahora, tense su estómago y detengalo tenso. Deténgalo más y más tenso, note la tensión, y luego relájelo. Ponga su mano sobre su estómago. Inhale hondamente entre su estomago, empujando su mano para arriba, más y más arriba con cada respiro. Detengala a su más alto, empujando su mano para arriba con la tensión. Detengalo, y relajese. Sienta el contraste de relajamiento cuando el aire salga fuera (SSSSSSSSS). Sí, su estómago se relaja con cada expiración de su aliento. Note la diferencia entre tensión y soltura.

Ahora arqueé su espalda sin forzar o torcerla. Mantenga el resto de su cuerpo lo más relajado que pueda. Enfóquese en esta tensión en su espalda baja y arqueada. Sientalo en su cuerpo.

Ahora relaje, suelte la tensión, ahondandose, ahondandose. Sienta que el relajamiento lo envuelve, llevándolo más y más hondo al relajamiento. Así es.

Ahora apriete sus asentaderas gluteas y muslos. Flexione sus muslos fuerte al presionar sus talones al piso lo más fuerte que pueda—más y más fuerte—flexionado más y más. Ahora relajese, y sienta la diferencia.

Ahora enrosque los dedos de sus pies y haga sus pantorillas (chamorros) duras y tensas.

Estudie la tensión en sus dedos y sus pantorillas. Así. Ahora relajese. Deje que la tensión se desaparesca y note la diferencia. Ahora doble sus dedos de sus pies a rumbo de su cara y cause tensión en su espinilla, jalando sus dedos más y más alto como si pudieran alcanzar su cara—sienta esta tension. Y ahora relajela, notando el relajamiento que llega rapidamente..Relajese, dejese ir al relajamiento.

Sienta lo pesado entre las partes bajas de sus cuerpo cuando el relajamiento se ahonda.

Enfoquese en relajar sus pies, tobillos, pantorillas, espinillas, rodillas, muslos, y asentaderas.

Sienta el relajamiento en como se extiende por su estómago, su espalda baja, su pecho, y más.

Dejese ir al relajamiento, ahondadose, ahondadose, notando las partes donde todavía necesita relajamiento. Sienta el relajamiento ahondandose entre sus hombros, sus brazos, sus manos y dedos. Note la sensación de soltura y paz , de relajamiento entre su cuello y nuca, su mandíbula, atras de sus ojos y entre todos los músculos de su cara. Sienta los cabellos relajándose en su cuero cabelludo, aún la area arriba de su cabeza esta envuelta en calor y comodidad. Note el relajamiento de todo su cuerpo, entendiendo completamente la diferencia entre tensión y alivio.

Respire y relájese, dejando ir toda tensión. El relajamiento ha suavizado sus cuerpo.

Recuerde y suelte la tensión.

Appendix J: Phase II Clinical Notes-Camp Involvement and Participation

The purpose of including brief clinical notes as a part of the data is to provide a greater context for the music therapy sessions and to demonstrate the level of interaction and participation for each camp as a group. In addition, the clinical notes set out to address *Research sub question two: How frequently do the migrant farmworkers make music together in between sessions and how does this affect the degree of change in levels of anxiety, depression, and social isolation?* Specific demographics, unless necessary to the context will not be provided, as these were provided in the *Participants* section of the *Method*. An overview of the music therapy sessions, highlights of those sessions, and any potential outcomes are described by camp. Each camp is labeled by its geographical location or physical attribute and each of the participants is referred to as an initial or part of his name. Not all of the members of the camp or house (both words are used interchangeably) participated in the music therapy sessions. Occasionally, non-participants are referred to during these descriptions to provide more detail or to explain the camp setting. In addition, methods of reciprocity are also noted. While reciprocity is often an ethical dilemma for research participants and researchers, reciprocity has been an acknowledged aspect of the Mexican culture that is important to honor (Oscós-Sánchez et al, 2008). In this way, reciprocity shows the value that the participants placed on the music therapy sessions.

Crossnore Barracks

Three participants were involved with this group, with occasional visits by the other members of their house. *E* and *A* both chose to play the guitar, and *M* chose to play the keyboard. *E* and *M* were in-laws from Nayarit, Mexico and *A* was from Santiago, near the

US-Texas border. Some of the men had documentation to live and work in the United States.

The participants at this camp had a decrease in their mean scores from pretest to posttest for all of the measurements. Follow-up measurements were not available due to the fact that they returned to Mexico. Table 20 shows the means and standard deviations on dependent variables for the participants from the Crossnore Barracks. The participants' mean scores decreased from pretest to posttest on the *CES-D*. They also decreased on the *BAI* from pretest to posttest, and for the *Social Isolation* measure from pretest to posttest.

Table 20. Crossnore Barracks Pre and Posttest Means and Standard Deviations for Dependent Measures

Measure	Pretest ($n=3$)	Posttest ($n=3$)
<i>CES-D</i>	6.67 (2.52)	2.33 (2.52)
<i>Beck Anxiety Inventory</i>	8.33 (5.67)	6.33 (5.51)
<i>Social Isolation</i>	23.33 (4.51)	20.67 (4.62)

Note: CES-D = Center for Epidemiological Studies Depression Scale, BAI = Beck Anxiety Inventory

Initially *A* did not want to participate in the research, but as the researcher began to talk about popular Mexican music, *A* began to be more interested. *E* was initially interested, but was only available for one session. *M* and *A* both learned to play 4 chords on their instruments, and listened carefully to one another during group music-making. In the third session, *A* expressed a desire to participate in song-writing, but when the research staff arrived for the fourth session, the participants informed them they were leaving to return back to Mexico and would be unable to participate any longer in the research. As there were only 3 sessions, the opportunity to identify outcomes is rather limited.

Vance Street

Six individuals participated in this group, with other house members joining in at various time throughout the ## sessions. Two individuals chose to play the keyboard, two individuals chose to play the accordion, one chose to sing, and one chose the guitar. The men were from a variety of states in Mexico, and some had documentation to live and work in the United States. This group participated in a total of 7 music therapy sessions, before going home to Mexico for part of the summer.

Means and standard deviations for the Vance Street scores are shown in Table 21. This camp's overall mean scores for the *CES-D* decreased from pretest to posttest and then increased slightly from posttest to follow-up. The *BAI* scores decreased from pretest to posttest and continued to decrease from posttest to follow-up. The *Social Isolation* scores increased slightly from pretest to posttest and then continued to increase at follow-up.

Table 21. *Vance Street Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures.*

Measurement	Pretest (<i>n</i> = 4)	Posttest (<i>n</i> = 4)	Follow-up (<i>n</i> = 4)
<i>CES-D</i>	10.75 (8.10)	6.75 (2.99)	7.50 (5.80)
<i>BAI</i>	5.75 (4.99)	5.00 (3.46)	4.25 (4.19)
<i>Social Isolation</i>	26.00 (3.56)	26.25 (5.68)	27.50 (3.42)

Note: *CES-D* = Center for Epidemiological Studies Depression Scale, *BAI* = Beck Anxiety Inventory

When the research staff initially arrived at this camp, the participants expressed a great interest in the research. Already at the home was a guitar, left by a previous farmworker and a keyboard, purchased by one of the participants. Some of the farmworkers had

documentation, while others did not. Two of the six participants did not want to fill out pretest questionnaires, but wanted to participate in the study. These two individuals did however fill out posttest and follow-up questionnaires after getting to know the research staff. One participant dropped out of the study after two sessions. He was the only drop-out of the entire study.

During the orientation period, it was not obvious who was the leader of this house. Based on therapist observations, it seemed as though that the individuals were split up into smaller groups based on personality. Some of the guys that exhibited more *machismo* than the others stuck together more, while those who might have been a bit more timid, and were a little more educated stuck together. These dynamics made working together in group music-making a challenge. The groups did not want to sit on the same side of the room with each other, even when prompted. It was impossible for group music-making to occur since the individuals could not hear one another. One of the men, *J*, in the former group for example, refused to play the first two sessions, but sat in another part of the room and watched the entire time. However, when the research staff arrived to the third session, *J* had apparently learned to play both the keyboard and the guitar. He helped unify the two groups together in a way that was authentic. He showed his trust for the process, and became the peer leader. Through his leadership, the group began working together and listening to one another.

As the music making and lyric discussion evolved, the group began to sound good together. Some even engaged in a bit of improvisation. *J* was leading music-making sessions between each of the music therapy sessions and the farmworkers were beginning to support one another musically and more emotionally. They opened up during this process and began to view one another like family away from home. They praised one another for accomplishments.

As they began to face their trips back home, the group slowly disintegrated. During the final session, as the farmworkers were packing their suitcases, the house felt like chaos. The participants were having difficulty focusing on their work and expressed anxiety about the impending trip home. They were worried about the 3-day bus trip and not going home with as much money as they had been hoping. Many of them were also going home to family issues that they were not ready to face.

During sessions 3, 4, 5, and 6, the farmworkers showed the potential for working through some of their issues and beginning to support one another. Had there been additional sessions longer lasting change might have been possible.

Yellow Truck

Three men comprised this camp including a father and son. This camp participated in 10 music therapy sessions. The father *M* and his son *E*, from Tlaxcala chose to play the guitar, while their friend, *J*, from Nayarit, chose to play the keyboard. All of the men had documentation to live and work in the United States.

Means and standard deviations for the Yellow Truck camp scores are shown in Table 22. This camp's overall mean scores for the *CES-D* decreased from pretest to posttest and then increased slightly from posttest to follow-up. The *BAI* scores remained the same pretest to posttest and decreased from posttest to follow-up. The *Social Isolation* scores decreased from pretest to posttest and then continued to decrease at follow-up.

Table 22. Yellow Truck Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures

Measurement	Pretest ($n = 3$)	Posttest ($n = 3$)	Follow-up ($n = 3$)
<i>CES-D</i>	3.33 (3.22)	2.00 (1.00)	2.67 (4.62)
<i>BAI</i>	.33 (.58)	.33 (.58)	0.00 (0.00)
<i>Social Isolation</i>	21.67 (1.53)	18.33 (2.08)	16.67 (2.89)

Note: CES-D = Center for Epidemiological Studies Depression Scale, BAI = Beck Anxiety Inventory

It was immediately apparent that *M* was the leader of this camp. In addition to being a farmworker, he was also a *huesero*, or traditional bone healer. On many of the nights when research staff arrived, he was finishing up a session with a client.

The participants at this camp quickly learned their instruments. They were able to change chords in tempo and sing along as they played. The challenge with this camp was creating a meaningful relationship between the father and son and their friend. Not only were the men divided by the instruments they chose, but it was apparent that *J* was often neglected by the other two. *J* had a very steady rhythm, a great foundation for music making, on the keyboard. However, *M* and *E* appeared almost to deliberately play their own rhythms against his. They often interrupted *J* and did not want to involve *J* in decision-making. However, *J* was almost ambivalent to how they treated him. He always had a smile on his face. When looking over his mental health measurements, his scores were quite a bit lower at all three time points than the other two. As the sessions progressed, *M* and *E* began to rely on *J* more

readily. This could have been due to the fact that another friend, *H*, began coming over to be a part of the music therapy sessions. *H* also played the keyboard. The addition of *H* balanced the group and allowed them to communicate better with one another. Their sound was fuller.

While their music became richer and the guys began listening to one another more, this group was really resistant to working on stress. Before the sessions started, *M* stated, “When I’m here in the United States working, I just pretend like I’m in jail. It’s easier to cope with being here.” However, whenever the music therapist began to even suggest lyric analysis or working on emotional expression, *M* was quick to jump in and say that they just wanted to work on the music. However, at the same time, he was also the most prolific songwriter.

The participants at the Yellow Truck camp showed their engagement in the music therapy process in various ways. First, they frequently played music together as a group during the week. This was particularly true of *M* and *E*. *M* had had some musical training in the past, and was thus able to impart some of this wisdom on his son *E*. While including *J* was still challenging, the men made a point to engage in the music-making process, even during the period between posttest and follow-up. Secondly, *M* and *E* purchased an electric guitar and an amplifier. Finally, at the end of the final session, *E* presented one of the male research assistants with a football jersey as a way of saying thank you.

VC Trailer

Initially the three men living in this house participated in the research. After four sessions, an additional man joined the group. Two men chose to play guitar as they had had previous experience playing the guitar. One man chose to play the keyboard, and the other chose to play the accordion. All of the men had documentation to live and work in the United States.

Means and standard deviations for the VC Trailer camp scores are shown in Table 23. This camp's overall mean scores for the *CES-D* decreased from pretest to posttest and again from posttest to follow-up. The *BAI* scores decreased from pretest to posttest and then again from posttest to follow-up. The *Social Isolation* scores decreased from pretest to posttest and then continued to decrease at follow-up.

Table 23. VC Trailer Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures

Measurement	Pretest (n = 5)	Posttest (n = 4)	Follow-up (n = 4)
<i>CES-D</i>	9.20 (2.28)	3.75 (4.11)	2.75 (3.78)
<i>BAI</i>	9.20 (5.26)	3.75 (2.63)	2.50 (3.11)
<i>Social Isolation</i>	21.60 (2.30)	18.25 (3.20)	17.50 (3.32)

Note: CES-D = Center for Epidemiological Studies Depression Scale, BAI = Beck Anxiety Inventory, SOCIAL = Social Isolation Scale

Each time research staff visited this house during orientation this house was quiet. They spoke openly, but with some reservations. During the first music therapy session, everyone seemed quite nervous. The men quietly disagreed about what types of music they wanted to use, and they did not listen to one another as they played. The guitar player who had had lots of experience with guitar also had a college education. It was apparent that the others viewed him a bit differently, particularly when he chose music that was more classic and less popular. During the first session, the keyboard player struggled to stay on task. He kept stopping and starting, and often gave up playing all together between each of the chords. This first session was really challenging for everyone involved.

When the research staff arrived for the second session, the atmosphere of the house

had changed dramatically. The men laughed with one another during the session, and it was obvious by their playing that they had been making music during the week. When questioned about their playing, all had said that they had been practicing their instruments, but were reluctant to get together as a group to play. They also made many jokes about the accordion player, as he reportedly walked around the house most evenings after work playing his accordion, much to the chagrin of his housemates.

The sessions really took off for this group after the second session. This group devoured as much music as the researcher could bring. They were very specific in their music requests, asking for songs performed by particular artists. These songs were a combination of popular music and traditional music. The men worked together to create the sound they wanted. They compared music night to Thursday nights (apparently the night they drank). They said, “we have as much fun playing music as we do when we are drinking tequila.”

The men worked on some improvisation and engaged in lyric analysis. However, they seemed to enjoy the music purely for its aesthetics. They said that it relieved their stress better than television did. They often discussed how playing music was a time when they could just forget all of their problems and focus on the music. It was with this intention and focus that the men were able to really work together as a group to create beautiful music. In the recordings of their music, the men are really listening to one another. When one man is playing a solo, the others almost intuitively back away and allow him to express himself with his instrument. While the keyboard player was the leader the house, this group functioned as a group. Each participant knew his place and what he had to offer. Over the course of the music therapy sessions, the men really became cohesive.

The VC Trailer camp showed their engagement in the music therapy process and research by first of all playing music between sessions. While they said they were reluctant to

play together as a group, they each put their own time into the work. Secondly, the men invited the research staff for lunch after the follow-up testing. This was a way for them to give back to the research staff and show their appreciation for the music therapy sessions.

VC House

Five men, all from Michoacán, Mexico participated in the music therapy group from the VC House. All of the men had documentation to live and work in the United States. Two of the men were a father and son pair, and two other men were an uncle and nephew pair. The father and son spoke fluent English as well.

As shown by the means and standard deviations for VC House in Table 24, participants decreased their depression scores from pretest to posttest, and from posttest to follow-up. Participants' overall anxiety (*BAI*) scores increased from pretest to posttest, and then from posttest to follow-up. Again, three out of five participants' decreased their scores from pretest to posttest and then from posttest to follow-up, the father and son's scores increased tremendously from pretest to posttest and then posttest to follow-up. The standard deviations clearly show the discrepancies of the scores. Participants' overall Social Isolation scores increased from pretest to posttest and increased again at follow-up. While 3 of the 5 participants decreased their scores from pretest to posttest and then from posttest to follow-up, the father and son's scores increased tremendously from pretest to posttest and then posttest to follow-up.

Table 24. *VC House Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures*

Measurement	Pretest (<i>n</i> = 5)	Posttest (<i>n</i> = 5)	Follow-up (<i>n</i> = 5)
<i>CES-D</i>	6.20 (2.39)	5.00 (2.92)	2.20 (1.64)
<i>BAI</i>	6.80 (5.68)	9.60 (9.69)	11.60 (14.15)
<i>Social Isolation</i>	19.00 (3.67)	20.20 (2.95)	21.80 (3.83)

Note: *CES-D* = Center for Epidemiological Studies Depression Scale, *BAI* = Beck Anxiety Inventory

Two men chose to play the accordion; two men chose to play the keyboard; and one man chose to play the guitar. One of the accordion players had previous experience in grade school playing the trombone.

The men identified long working hours and separation from their families as being the biggest stressors. The men also referred to their time in the United States as being in jail. They felt that they only went to work and came home. Engaging in the community was challenging after long hours at work.

From the very first session, the men really listened to one another and sounded like a group. They were careful in their dynamics and took turns being the leader. The men were quick to engage in lyric analysis. *J*, the dad, was the leader of the house, but was quick to point out that others in the group were better musicians than he was. While the men wanted continually to defer to him for leadership, he sometimes chose another leader. The initial sessions were held in the camp's kitchen. However, after session 7, the men rearranged their

living room to facilitate group music making throughout the week. This camp usually played music together 2-3 times depending on their work schedule, and many of the men played music in their own rooms in addition to the group practices.

At the end of each session, the men knew the title and artist of the songs they wanted to work on or learn for the next week. When the music therapist brought to their attention that the majority of the songs they were choosing had depressing song lyrics, the men were already aware of this. They said that they chose the sad music, because it gave them a place to put their sad feelings and express themselves in a way that felt comfortable. The majority of the songs they selected were from Michoacán, their home state. While they did not identify songs that had specific meaning for them, it was as if all of the songs were important in describing the complexities of their situation.

The men at the VC House showed their interest and participation in the music therapy sessions and research in three ways. First, they played music together during the week. One of the leaders of the house organized everyone together and the men worked on the music they had chosen. In addition, this practice continued between posttest and follow-up. Secondly, whereas previously the television had been the focal point of the living room, the men rearranged the living room to facilitate better music sessions. They kept the keyboards out on display and had them readily accessible for impromptu playing. Finally, one of the men was a paper craftsman. He gave all of the research staff multiple paper garlands or *papel picados* that he had meticulously cut by hand.

Brick House

Three men participated in this group, with the occasional visit from the fourth member of the house, *A*'s brother, *G*. *M* chose to play the accordion; *N*, the guitar; and *A*, the keyboard. All of the men were from Michoacán, Mexico and *M* was the definitive leader of

the house. He had been in the United States for almost 20 years, and had US citizenship. The rest of the men in the house did not have documentation to work in the United States, and pieced together jobs with various farms and nurseries. When he was younger, *M* had played the accordion; however the other two had no previous musical experience.

Means and standard deviations for participants from the Brick House (See Table 25) show that overall depression scores decreased from pretest to posttest. However, the overall depression (*CES-D*) scores went back up at follow-up. Participants' overall anxiety (*BAI*) scores decreased from pretest to posttest, and then again from posttest to follow-up. Participants' overall *Social Isolation* scores decreased from pretest to posttest and went up from posttest to follow-up.

Table 25. Brick House Pretest, Posttest, and Follow-up Means and Standard Deviations for Dependent Measures

Measurement	Pretest (<i>n</i> = 3)	Posttest (<i>n</i> = 3)	Follow-up (<i>n</i> = 2)
<i>CES-D</i>	9.67 (4.04)	2.00 (1.00)	6.50 (2.12)
<i>BAI</i>	15.33 (11.85)	10.67 (8.02)	9.50 (10.61)
<i>Social Isolation</i>	22.67 (2.89)	21.33 (1.53)	23.50 (2.12)

Note: CES-D = Center for Epidemiological Studies Depression Scale, BAI = Beck Anxiety Inventory

Upon entering this house for the first time, it was apparent by the lack of tidiness that there were some issues present. While many of the living conditions of the other camps were less than adequate, the farmworkers typically prefer to keep their homes and clothes clean and tidy. This house, however, was not able to maintain some of these social standards. After the administration of the pretest it was evident that all of the individuals were dealing with

greater levels of depression and anxiety than other camps. Throughout the course of the sessions, lack of work was found to be one of the main stressors, in addition to lack of documents, and being far away from home.

From the first session, until session number eight, this group really struggled to play together. They did not engage with one another, but spoke only with the music therapist and/or research staff. It appeared as though each farmworker needed individual attention. While the focus on the sessions was on the group, it was apparent that this need was present and needed to be met before the group could work together. Throughout the initial sessions, the men were each given individual attention during the sessions. Then as they became more comfortable, they were able to come together more as a group. During the last two sessions, the men were really able to play together as a group.

One of the participants, *M*, requested relaxation training. The research staff created two relaxation scripts to meet his needs. One was progressive muscle relaxation and the other was a ball of light script. One of the research assistants recorded the script while the music therapist accompanied her on acoustic guitar. When they brought the CD of these recordings to the house, they demonstrated how to use it. *M* said that he used it frequently when he was feeling anxious and that it helped calm him.

In general, this camp was not overtly engaged in the music therapy process. They seemed grateful for the visits, but did not contribute to the process in their own way. The members had difficulty selecting music they wanted to use, or even identifying favorite artists or types of music. They also did not play between sessions as a group or individually. Often *N* was not at home due to work or social engagements, even when meeting times were changed to accommodate his schedule.

